

Allied-Signal Aerospace Company

SFUND RECORDS CTR
2166-03692

AiResearch Los Angeles Division
2525 West 190th Street
P.O. Box 2960
Torrance, California 90509-2960
Telephone: (213) 323-9500 (213) 321-5000
Twx: 910-349-6218 Telex: 67-4490



88133113

September 17, 1992

VIA CERTIFIED MAIL

Mr. Chris Stubbs
South Coast Groundwater Section H-6-4
United States Environmental Protection Agency
75 Hawthorne Street
San Francisco, California 94105

Re: Allied-Signal Aerospace Company
11600 Sherman Way
North Hollywood, California

Dear Mr. Stubbs:

The following enclosures are submitted as addenda to information originally submitted July 21, 1992, as requested in the United States Environmental Protection Agency (EPA) letter dated May 22, 1992 pursuant to Section 104(e) of CERCLA and Section 3007 of RCRA, regarding the referenced site.

As discussed in our telephone conversation September 8, the enclosed information is primarily in reference to underground storage tank operations in Question 13 of the response dated July 21, 1992. The information enclosed herein includes:

- | | |
|------------|--|
| Appendix A | California Regional Water Quality Control Board - Los Angeles Region, Industrial Facility Survey Form submitted January 12, 1984 |
| Appendix B | Underground Storage Tank (UST) Lists (3) |
| Appendix C | Registration Forms for UST Nos. 2-6, 8, 11-20 |
| Appendix D | Environmental Activity List from 1984 - 1986 |
| Appendix E | Manifests - 1980 through 1988 (EPA has 1989 through 1991 manifests from 1991 information request) |

Mr. Chris Stubbs
September 15, 1992
Page 2

In addition, an effort will be made to procure information through interviews with available former employees regarding further information concerning the operations of the underground storage tanks at the referenced site (to be submitted in a second package at a date to be determined).

If you have any questions or comments, please call me at (310) 512-1310.

Sincerely,

A handwritten signature in cursive script, reading "Nancy A. Girten".

Nancy A. Girten
Environmental Project Engineer

Enclosures

cc: Kenneth J. Berke, Esq. (w/ Appendices)
Juli Marshall, Esq. (w/ Appendices)
Debbie Moore (w/o Appendices)
Roy Nutter (w/o Appendices)

ATTACHMENT A

CALIFORNIA REGIONAL WATER QUALITY CONTROL BOARD
LOS ANGELES REGION

INDUSTRIAL FACILITY SURVEY FORM

MAILED
1-13-84

(Use Separate form for each facility address.)

I. Company Name: BENDIX ELECTRODYNAMICS DIVN.

II. Facility Address: 11600 SHERMAN WAY
NO. HOLLYWOOD, CA., 91605

Thomas Guide ref. (page & grid no.) PG. 16 GRID 4D

III. SIC Code(s): 3728 & 3731

A. EPA I.D. No. (RCRA) CADO 08325334

B. City Permit No. W-11943 & W-24221

C. County Permit No. NA

D. Others NA

IV. Firm Representative: R.J. SLATTERBECK

A. Title PLANT ENGINEER

B. Phone No. (213) 765-1010

V. Type of Industry: AIRCRAFT & SHIP HYDRAULIC COMPONENT
MANUFACTURING & TESTING

VI. Type of storage facilities located at the site.

A. Underground non-waste storage tanks

Yes X No Total Number 5

B. Underground waste storage tanks

Yes X No Total Number 5

Industrial Facility Survey Form

VI. (Con't.)

C. Above ground non-waste storage tanks

Yes	<u>X</u>	No	<u> </u>	Total Number	<u>1</u>
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D. Above ground waste storage tanks

Yes	No	X	Total Number
			0

E. Underground waste treatment tanks (Including pretreatment tanks and clarifiers for sewer discharges)

Yes	X	No	Total Number	3
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VII. Please complete a Tank Information Form (one copy attached, please make additional copies as needed) for each tank in Item VI.

	above ground		underground	
VIII. Piping -	estimated length	NA	estimated length	NA

Chemical name(s) of
material(s) carried:

Date(s) installed/
tested:

Gravity flow	Pressure flow	Piping material
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
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92	92	92
93	93	93
94	94	94
95	95	95
96	96	96
97	97	97
98	98	98
99	99	99
100	100	100

Corrosion protection - Cathodic	Coated	Wrapped
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Remarks:

IX. Type of storage facilities which have been removed or abandoned in place.

A. Underground non-waste storage tanks Yes No X

Total number of abandoned tanks 0

Chemical names of materials which were stored in tanks NA

Industrial Facility Survey Form

IX. A. (Con't.)

Type of abandonment - Removal NA Date(s) Removed _____
Abandoned in place - Filled _____ Unfilled _____
(give material)
Date(s) of abandonment NA

B. Underground waste storage tanks Yes _____ No X
Total number of abandoned tanks 0
Chemical names of materials which were stored in tanks NA

Type of abandonment - Removal _____ Date(s) Removed _____
Abandoned in place - Filled _____ Unfilled _____
(give material)
Date(s) of abandonment NA

X. Finally, as you know spills of hazardous materials can have a deleterious impact upon the underlying groundwaters.

A. Do you have a spill prevention program? Yes IN PROCESS No _____

Give a brief description: IN PROCESS OF BEING WRITTEN BY "RALPH STONE & CO."
CIVIL & ENVIRONMENTAL ENGINEERS., 10954 SANTA MONICA BLVD., LOS ANGELES, CA.

90025

B. Do you have procedures to be followed in the event of a spill?

Yes X No _____

Give a brief description: EMERGENCY RESPONSE TEAM IS FORMED WITH
LENGTHY PROCEDURES ESTABLISHED.

Industrial Facility Survey Form

XI. The form shall be signed below as follows:

- A. In the case of corporations, by a principal executive officer at the level of vice-president or his duly authorized representative if such representative is responsible for the overall operation of the facility where the tanks are located, or
- B. In the case of a partnership, by a general partner, or
- C. In the case of a sole proprietorship, by the proprietor, or
- D. In the case of a municipal, State, or other public facility, by either a principal executive officer, ranking elected official, or other duly authorized employee.

This form has been completed under penalty of perjury and, to the best of my knowledge, is true and correct.

Signature: SPW BY JERRY BRUCKER Date: _____

Printed Name: _____ Phone No. () _____

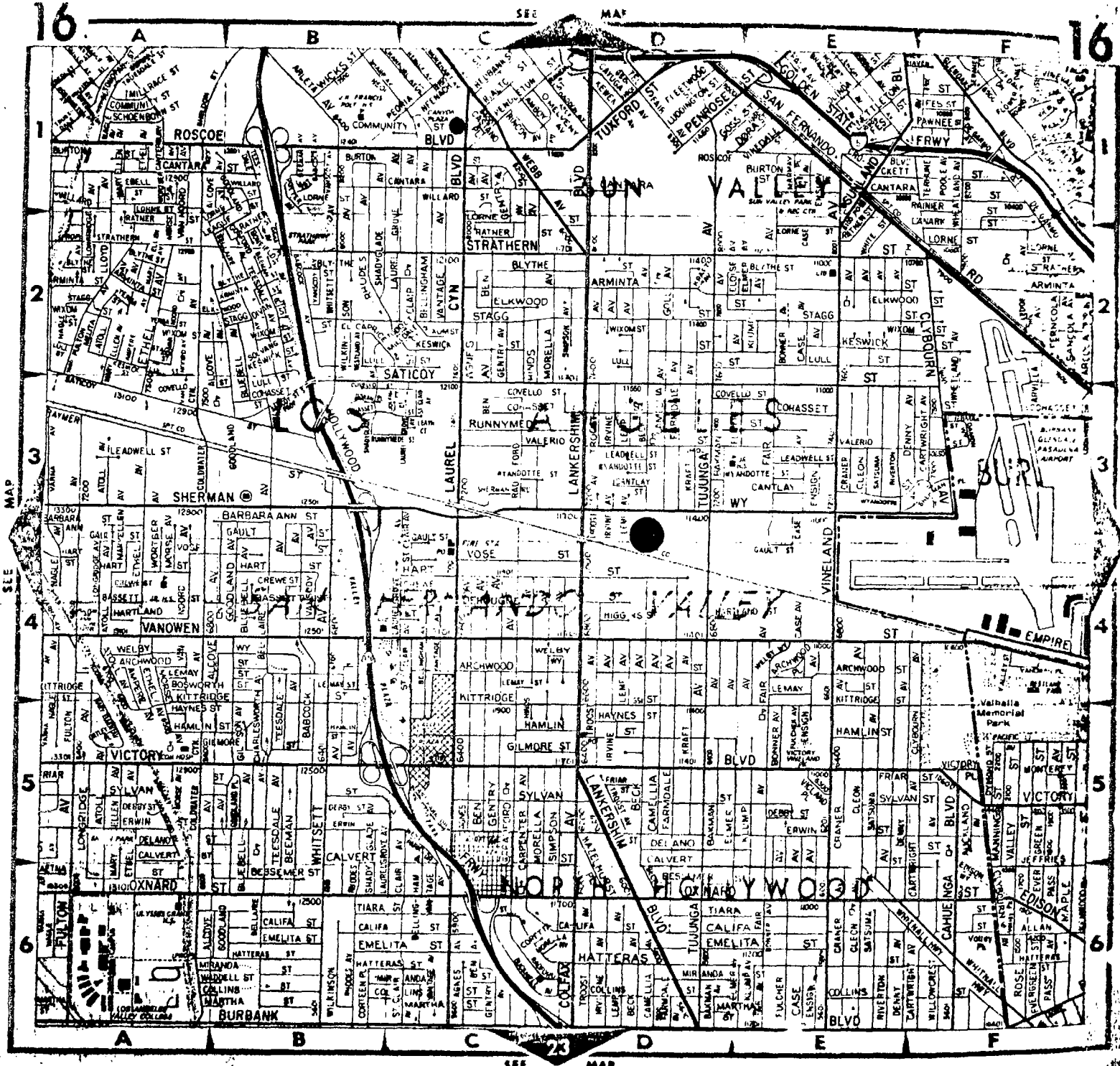
Title: _____

Contact Name (if different from above): R.J. SLATTERBECK

Title: PLANT ENGINEER Phone No. (213) 765-1010

16

16



CESSPOOL @ GUARDHOUSE
(1)

☐ A. Underground non-waste storage tank.

☐ B. Underground waste storage tank.

☐ C. Above ground non-waste storage tank.

☐ D. Above ground waste storage tank.

☐ E. Underground waste treatment tank.

☒ F. Cesspool serving 1 toilet & 1 sink

9. Please include a plot plan showing location of all tanks and relevant buildings.

TANK INFORMATION FORM

Check the appropriate box for tank you are describing:

- ☒ A. Underground non-waste storage tank.
☐ B. Underground waste storage tank.
☐ C. Above ground non-waste storage tank.
☐ D. Above ground waste storage tank.
☐ E. Underground waste treatment tank.

1. Date 4/30/42 Tank I.D. No. _____ Capacity 450 Gal. .

2. Type of tank: Metal X Fiberglass _____ Concrete _____ Other _____

3. Protection Against Corrosion (Give material if applicable):

Interior Lined _____
 Exterior Wrapped/Coated EXTERIOR COATED
 Cathodic Protection _____
 Vaulted _____ Non-Vaulted _____

4. Date(s) Inspected and Agency: _____

5. Date(s) Tested and Method: _____

6. Chemical Name of Material in Tank: KEROSENE

7. Describe your Tank Integrity Program and its results: MATERIAL IS CAREFULLY METERED
IN & OUT AND RECORDED. ANY FLUID LOSS WOULD BE READILY DETECTED.

8. Describe any repair made to the tank since its installation and give the date(s) of the repair: NONE REQUIRED

9. Please include a plot plan showing location of all tanks and relevant buildings.

TANK INFORMATION FORM

SOLVENT TANK

(3)

Check the appropriate box for tank you are describing:

- ☒ A. Underground non-waste storage tank.
☐ B. Underground waste storage tank.
☐ C. Above ground non-waste storage tank.
☐ D. Above ground waste storage tank.
☐ E. Underground waste treatment tank.

1. Date 4/30/42 Tank I.D. No. _____ Capacity 450 GAL.
2. Type of tank: Metal X Fiberglass _____ Concrete _____ Other _____
3. Protection Against Corrosion (Give material if applicable):
Interior Lined _____
Exterior Wrapped/Coated EXTERIOR COATED
Cathodic Protection _____
Vaulted _____ Non-Vaulted _____
4. Date(s) Inspected and Agency: _____
5. Date(s) Tested and Method: _____
6. Chemical Name of Material in Tank: SOLVENT-STODDARD
7. Describe your Tank Integrity Program and its results: MATERIAL IS CAREFULLY METERED
IN & OUT AND RECORDED. ANY FLUID LOSS WOULD BE READILY DETECTED.
8. Describe any repair made to the tank since its installation and give the date(s) of the repair: NONE REQUIRED
9. Please include a plot plan showing location of all tanks and relevant buildings.

TANK INFORMATION FORM

GAS TANK
(4)

Check the appropriate box for tank you are describing:

- ☒ A. Underground non-waste storage tank.
☐ B. Underground waste storage tank.
☐ C. Above ground non-waste storage tank.
☐ D. Above ground waste storage tank.
☐ E. Underground waste treatment tank.

1. Date Installed 4/30/42 Tank I.D. No. _____ Capacity 450 GAL.

2. Type of tank: Metal X Fiberglass _____ Concrete _____ Other _____

3. Protection Against Corrosion (Give material if applicable):

Interior Lined _____

Exterior Wrapped/Coated EXTERIOR COATED

Cathodic Protection _____

Vaulted _____ Non-Vaulted _____

4. Date(s) Inspected and Agency: _____

5. Date(s) Tested and Method: _____

6. Chemical Name of Material in Tank: GASOLINE-REGULAR

7. Describe your Tank Integrity Program and its results: MATERIAL IS CAREFULLY METERED
IN & OUT AND RECORDED. ANY FLUID LOSS WOULD BE READILY DETECTED.

8. Describe any repair made to the tank since its installation and give the date(s) of the repair: NONE REQUIRED

9. Please include a plot plan showing location of all tanks and relevant buildings.

TANK INFORMATION FORM

GAS TANK

(5)

Check the appropriate box for tank you are describing:

- ☒ A. Underground non-waste storage tank.
☐ B. Underground waste storage tank.
☐ C. Above ground non-waste storage tank.
☐ D. Above ground waste storage tank.
☐ E. Underground waste treatment tank.

1. Date 4/30/42 Tank I.D. No. _____ Capacity 450 GAL.
2. Type of tank: Metal X Fiberglass _____ Concrete _____ Other _____
3. Protection Against Corrosion (Give material if applicable):
Interior Lined _____
Exterior Wrapped/Coated EXTERIOR COATED
Cathodic Protection _____
Vaulted _____ Non-Vaulted _____
4. Date(s) Inspected and Agency: _____
5. Date(s) Tested and Method: _____
6. Chemical Name of Material in Tank: GASOLINE-UNLEADED
7. Describe your Tank Integrity Program and its results: MATERIAL IS CAREFULLY METERED
IN & OUT AND RECORDED. ANY FLUID LOSS WOULD BE READILY DETECTED.
8. Describe any repair made to the tank since its installation and give the date(s) of the repair: NONE REQUIRED
9. Please include a plot plan showing location of all tanks and relevant buildings.

TEC COOLANT TANK
(6)

☒ A. Underground non-waste storage tank.

☐ B. Underground waste storage tank.

☐ C. Above ground non-waste storage tank.

☐ D. Above ground waste storage tank.

☐ E. Underground waste treatment tank.

9. Please include a plot plan showing location of all tanks and relevant buildings.

☐ A. Underground non-waste storage tank.

☐ B. Underground waste storage tank.

☐ C. Above ground non-waste storage tank.

☐ D. Above ground waste storage tank.

☒ E. Underground waste treatment tank. -- CLARIFIER

9. Please include a plot plan showing location of all tanks and relevant buildings.

Check the appropriate box for tank you are describing:

- Date FEB. 1957 Tank I.D. No. Capacity 1,015 GAL. .
 1. Installed _____
 2. Type of tank: Metal X Fiberglass _____ Concrete _____ Other _____
 3. Protection Against Corrosion (Give material if applicable):
 Interior Lined _____
 Exterior Wrapped/Coated X _____
 Cathodic Protection _____
 Vaulted _____ Non-Vaulted _____
 4. Date(s) Inspected and Agency: 9/69 --DUG UP, VISUALLY INSPECTED & RELOCATED.
 5. Date(s) Tested and Method: VISUAL
 6. Chemical Name of Material in Tank: HYDRAULIC OIL & WATER
 7. Describe your Tank Integrity Program and its results: _____
 THIS TANK WILL BE PRESSURE TESTED THIS YEAR.
 8. Describe any repair made to the tank since its installation and give the date(s) of
 the repair: NONE REQUIRED
 9. Please include a plot plan showing location of all tanks and relevant buildings.

TANK INFORMATION FORM

Check the appropriate box for tank you are describing:

- ☐ A. Underground non-waste storage tank.
☐ B. Underground waste storage tank.
☐ C. Above ground non-waste storage tank.
☐ D. Above ground waste storage tank.
☒ E. Underground waste treatment tank. --CLARIFIER

1. Date Installed 1941 (APPROX.) Tank I.D. No. _____ Capacity 450 GAL.
2. Type of tank: Metal _____ Fiberglass _____ Concrete X Other _____
3. Protection Against Corrosion (Give material if applicable):
Interior Lined _____
Exterior Wrapped/Coated _____
Cathodic Protection _____ NOT REQUIRED
Vaulted _____ Non-Vaulted _____
4. Date(s) Inspected and Agency: _____
5. Date(s) Tested and Method: _____
6. Chemical Name of Material in Tank: WATER, SMALL QUANTITIES OF OIL, DILUTED ACIDS WITH TOTAL PH OF 7-7.3.
7. Describe your Tank Integrity Program and its results: _____
VISUAL
8. Describe any repair made to the tank since its installation and give the date(s) of the repair: NONE
9. Please include a plot plan showing location of all tanks and relevant buildings.

CLARIFIER-PLANT 1
(10) SOUTH SIDE

- ☐ A. Underground non-waste storage tank.
- ☐ B. Underground waste storage tank.
- ☐ C. Above ground non-waste storage tank.
- ☐ D. Above ground waste storage tank.
- ☒ E. Underground waste treatment tank.--CLARIFIER

2. Type of tank: Metal _____ Fiberglass _____ Concrete _____ Other _____

Interior Lined	
Exterior Wrapped/Coated	
Cathodic Protection	NOT REQUIRED
Vaulted	Non-Vaulted

5. Date(s) Tested and Method: _____

7. Describe your Tank Integrity Program and its results: _____

8. Describe any repair made to the tank since its installation and give the date(s) of the repair: NONE

9. Please include a plot plan showing location of all tanks and relevant buildings.

TANK INFORMATION FORM

Check the appropriate box for tank you are describing:

- ☐ A. Underground non-waste storage tank.
- ☒ B. Underground waste storage tank.
- ☐ C. Above ground non-waste storage tank.
- ☐ D. Above ground waste storage tank.
- ☐ E. Underground waste treatment tank.

1. Date Installed 1954 (APPROX.) Tank I.D. No. _____ Capacity 1,500 GAL.

2. Type of tank: Metal _____ Fiberglass _____ Concrete X Other _____

3. Protection Against Corrosion (Give material if applicable):

Interior Lined _____

Exterior Wrapped/Coated _____

Cathodic Protection _____ NOT REQUIRED

Vaulted _____ Non-Vaulted _____

4. Date(s) Inspected and Agency: _____

5. Date(s) Tested and Method: _____

6. Chemical Name of Material in Tank: _____

7. Describe your Tank Integrity Program and its results: VISUAL —

LIQUID LEVEL REMAINS CONSTANT OVER 48 HR. TEST PERIOD. INSPECTION

FREQUENCY 90 DAYS.

8. Describe any repair made to the tank since its installation and give the date(s) of the repair: NONE

9. Please include a plot plan showing location of all tanks and relevant buildings.

HAZARDOUS WASTE SPILL
CONTAINMENT TANK

Check the appropriate box for tank you are describing:

9. Please include a plot plan showing location of all tanks and relevant buildings.

TANK INFORMATION FORM

Check the appropriate box for tank you are describing:

- ☐ A. Underground non-waste storage tank.
☒ B. Underground waste storage tank.
☐ C. Above ground non-waste storage tank.
☐ D. Above ground waste storage tank.
☐ E. Underground waste treatment tank.

1. Date Installed 1941 (APPROX.) Tank I.D. No. _____ Capacity 3,000 GAL.
2. Type of tank: Metal _____ Fiberglass _____ Concrete X Other _____
3. Protection Against Corrosion (Give material if applicable):
- Interior Lined _____
- Exterior Wrapped/Coated _____
- Cathodic Protection _____ NOT REQUIRED
- Vaulted _____ Non-Vaulted _____
4. Date(s) Inspected and Agency: ---
5. Date(s) Tested and Method: ---
6. Chemical Name of Material in Tank: WASTE OILS, WATER & GRINDINGS
7. Describe your Tank Integrity Program and its results: VISUAL--LIQUID LEVEL REMAINS
CONSTANT OVER 48 HR. TEST PERIOD. INSPECTION FREQUENCY 90 DAYS.
8. Describe any repair made to the tank since its installation and give the date(s) of the repair: NONE
9. Please include a plot plan showing location of all tanks and relevant buildings.

ATTACHMENT B

REGISTRATION PROGRAM

TANK NUMBER	DESCRIPTION	CAPACITY (GALLONS)
1.	Cesspool	
2.	Kerosene Tank	450
3.	Stoddard Solvent Tank	450
4.	Gasoline (Regular)	450
5.	Gasoline (Unleaded)	450
6.	TEC Coolant Tank	3,000
7.	Clarifier	650
8.	Hydraulic Oil Waste Tank	1,015
9.	Clarifier	650
10.	Clarifier	450
11.	Waste Oil Tank-Plant 2	1,500
12.	Spill Containment Tank (Dry)	1,000
13.	Waste Oil Tank-Salvage Yard	3,000
14.	Hone Filter Fluid Pit	
15.	Waste Catch Basin-Pump Room	50
16.	Chip Residue Sump-Salvage Yard	10
17.	Natco Chip Conveyor Pit	
18.	Vapor Degreaser Pit	
19.	Air Pollution Scrubber Sump-North	1,000
20.	Air Pollution Scrubber Sump-South	1,000
21.	Plating Department Pit	
22.	Heat Treat Department Pit	

TANK NUMBER	CAPACITY (GALLONS)	CONTENTS	MATERIAL OF CONSTRUCTION	INSTALL. DATE	CURRENT STATUS
1	1,000	Domestic Sewage	Bricklined	1941	* Closed
2	450	Kerosene	Metal-exterior coated	1942	* Removed
3	450	Solvent-Stoddard	Metal-exterior coated	1942	* Removed
4	450	Gasoline-regular	Metal-exterior coated	1942	* Removed
5	450	Gasoline-unleaded	Metal-exterior coated	1942	* Removed
6	3,000	"Coolcut" (coolant) by Union Oil	Metal-exterior coated, 1965 Vaulted by concrete with air gap		Secondary containment
7	650	Water	Concrete	1954	Exempt
8	1,015	Hydraulic oil and Water	Metal-exterior coated	1957	*
9	450	Water, oil, diluted acids; Ph of 7-7.3	Concrete	1941	Exempt
10	450	Water and some oil	Concrete	1942	Exempt
11	1,500	Waste oil	Concrete/Metal	1954	* Removed
12	500	Tank is dry	Fiberglass	1982	Exempt
13	3,000	Waste oils, water and grindings	Concrete/Metal	1941	*

TANK REGISTRATION TANK ROSTER

- ⊗ 1. CESSPOOL REGISTRATION NOT REQ'D
- ⊗ 2. KEROSENE TANK 450 GAL.
- ⊗ 3. SOLVENT STANDARD 450 GAL.
- ⊗ 4. GASOLINE (REGULAR) 450 GAL
- ⊗ 5. GASOLINE (UNLEADED) 450 GAL.
- * 6. TEC COOLANT TANK 3000 GAL.
- 7. CLARIFIER 650 GAL REGISTRATION NOT REQ'D
- * 8. HYDR. WASTE OIL TANK 1015 GAL.
- 9. CLARIFIER 650 GAL. REGISTRATION NOT REQ'D
- 10. CLARIFIER 450 GAL REGISTRATION NOT REQ'D.
- ⊗ 11. WASTE OIL PLOT
- 12. SPILL/CONTAINMENT TANK (DRY) REGISTRATION NOT REQ'D
- * 13. WASTE OIL-SALVAGE YARD 3000 GAL
- * 14. HONE FILTER FLUID TANK
- * 15. WASTE CATCHBASIN 921 Pump Room
- * 16. SUMP-CHIP RESIDUE SALVAGE YARD.
- * 17. TANK-CHIP CONVEYOR NATCO 400 GAL.
- * 18. DEGREASER, VAPOR 150 GAL
- * 19. AIR POLLUTION SCRUBBER Sump-NORTH UNIT.
- * 20. AIR POLLUTION SCRUBBER Sump-SOUTH UNIT.

NOTE: CLARIFIERS DO NOT REQUIRE "REGISTRATION"
 PER TELECON w/ MR. BACKEROWSKI OF WATER
 QUALITY BOARD (213) 620-5647 ON 8/2/84.

⊗ DENOTES REMOVED

Things to do ...

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Notes:

Prompt Pick-up & Delivery

Manuals • Newsletters • Handouts • Announcements •
Reports • Booklets • Index Tabing • Slip Sheeting •
Chapterization • Collating • Duplexing • Folding •
Stapling • Stuffing • Sealing • Labeling • Sorting •

And much more ...

✓Desktop Publishing ✓Copying
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Electrodynamics
Division

CHECK REQUEST

DATE 10/23/84

PAY TO

CALIFORNIA WATER RESOURCES CONTROL BOARD

AMOUNT \$ 20.00

DELIVER CHECK TO: (CHECK ONE)

☒ REQUESTOR ☐ PAYEE

☐ (NAME) R. Slatterbeck

☒ CALL EXT. 345 FOR PICKUP

NEEDED BY (DATE) ASAP

EXPLANATION (ON REMITTANCE ADVICE)

Hazardous Substance Storage Statement Modification

REMARKS (NOT ON REMITTANCE ADVICE)

Fee for registration of two additional tanks.

DISTRIBUTION

DEPT.	ACCOUNT	JOB NUMBER	AMOUNT
9821	95150		

REQUESTED BY R. Slatterbeck

APPROVED BY 

APPROVED BY

AUDIT BY

NOTE: ALL UNDERGROUND CONTAINERS MUST REGISTER EVEN IF STATE AND/OR LOCAL PERMITS ARE IN FORCE.

I Owner

Name (Corporation, Individual or Public Agency) SEE BELOW			
Street Address	City	State	ZIP

II Facility

Facility Name Bendix- Electrodynamics Division		Dealer/Foreman/Supervisor Ron Slatterbeck	
Street Address 11600 Sherman Way		Nearest Cross Street Lankershim	
City No. Hollywood	County Los Angeles	ZIP 91605-5887	
Mailing Address 11600 Sherman Way		City No. Hollywood	State CA
Phone w/area code 818 765-1010		ZIP 91605-5887	
Type of Business <input type="checkbox"/> 01 Motor Vehicle Fuel Station <input checked="" type="checkbox"/> 02 Other: Manufacturing			
Number of Tanks at this Facility	Rural Areas Only:	Township	Range
			Section

III 24 Hour Emergency Contact Person

Days Name (last name first) and Phone w/area code Slatterbeck, Ron 818 765-1010	Nights Name (last name first) and Phone w/area code Slatterbeck, Ron 818 906-1301
---	---

COMPLETE THE FOLLOWING ON A SEPARATE FORM FOR EACH CONTAINER

IV Description

A. <input type="checkbox"/> 01 Tank <input checked="" type="checkbox"/> 02 Sump <input type="checkbox"/> 03 Lagoon, Pit or Pond <input type="checkbox"/> 04 Other: _____	Container Number (If there is no number, assign one) 19
B. Manufacturer (if appropriate): N.A. Year of Mfg.: N.A.	C. Year Installed: 1945 <input type="checkbox"/> Unknown
D. Container Capacity: 500 gallons <input type="checkbox"/> Unknown	E. Container Repairs: <input checked="" type="checkbox"/> 01 None <input type="checkbox"/> 02 Unknown <input type="checkbox"/> 03 Yes Year: _____
F. Is Container currently used? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No If No, year of last use: _____ <input type="checkbox"/> 03 Unknown	
G. Does the Container Store (Check One): <input checked="" type="checkbox"/> 01 Waste <input type="checkbox"/> 02 Product	
H. Does the Container Store Motor Vehicle Fuel or Waste Oil? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No If Yes, Check appropriate box(es): <input type="checkbox"/> 01 Unleaded <input type="checkbox"/> 02 Regular <input type="checkbox"/> 03 Premium <input type="checkbox"/> 04 Diesel <input type="checkbox"/> 05 Waste Oil <input type="checkbox"/> 06 Other (List): _____	

V Container Construction

A. Thickness of Primary Containment: 4 <input type="checkbox"/> Gauge <input checked="" type="checkbox"/> Inches <input type="checkbox"/> cm <input type="checkbox"/> Unknown	
B. <input type="checkbox"/> 01 Vaulted (Located in an underground Vault.) <input checked="" type="checkbox"/> 02 Non-vaulted <input type="checkbox"/> 03 Unknown	
C. <input type="checkbox"/> 01 Double Walled <input checked="" type="checkbox"/> 02 Single Walled <input type="checkbox"/> 03 Lined <input type="checkbox"/> 04 Wrapped <input type="checkbox"/> 05 Unknown <input type="checkbox"/> 06 None	
D. <input type="checkbox"/> 01 Carbon Steel <input type="checkbox"/> 02 Stainless Steel <input type="checkbox"/> 03 Fiberglass <input type="checkbox"/> 04 Polyvinyl Chloride <input checked="" type="checkbox"/> 05 Concrete <input type="checkbox"/> 06 Aluminum <input type="checkbox"/> 07 Steel Clad <input type="checkbox"/> 08 Bronze <input type="checkbox"/> 09 Composite <input type="checkbox"/> 10 Non-metallic <input type="checkbox"/> 11 Earthen Walls <input type="checkbox"/> 12 Unknown <input type="checkbox"/> 13 Other: _____	
E. <input type="checkbox"/> 01 Rubber Lined <input type="checkbox"/> 02 Alkyd Lining <input type="checkbox"/> 03 Epoxy Lining <input type="checkbox"/> 04 Phenolic Lining <input type="checkbox"/> 05 Glass Lining <input type="checkbox"/> 06 Clay Lining <input type="checkbox"/> 07 Unknown <input type="checkbox"/> 08 Other: _____	
F. <input type="checkbox"/> 01 Cathodic Protection <input type="checkbox"/> 02 Unknown <input checked="" type="checkbox"/> 03 None <input type="checkbox"/> 04 Other: _____	

VI Piping

A. Associated Piping:	<input type="checkbox"/> 01 Above Ground	<input type="checkbox"/> 02 Underground	<input type="checkbox"/> 03 Vaulted	NONE
B. Underground Piping:	<input type="checkbox"/> 01 Gravity	<input type="checkbox"/> 02 Pressure	<input type="checkbox"/> 03 Suction	<input type="checkbox"/> 04 Unknown
C. Piping Repairs:	<input type="checkbox"/> 01 None	<input type="checkbox"/> 02 Unknown	<input type="checkbox"/> 03 Yes, Year of most recent repair: _____	

VII Leak Detection

☐ 01 Visual ☐ 02 Stock Inventory ☐ 03 Tile Drain ☐ 04 Vapor Sniff Wells ☐ 05 Sensor Instrument

☐ 06 Ground Water Monitoring Wells ☐ 07 Pressure Test ☒ 08 Internal Inspection ☐ 09 None

☐ 10 Other: _____

VIII Chemical Composition of Materials *Currently* or *Previously* Stored in Underground Containers

If you checked yes to IV-H you are not required to complete this section.

[illegible]

Is Container located on an Agricultural Farm? ☐ 01 Yes ☒ 02 No

IX IMPORTANT! Read instructions before signing: *

Signature: The form must be signed by 1) a principal executive officer at the level of vice-president or by an authorized representative. The representative must be responsible for the overall operation of the facility where the tank(s) are located. 2) a general partner proprietor, or 3) a principal executive officer, ranking elected official or authorized representative of a public agency.

This form has been completed under the penalty of perjury and, to the best of my knowledge, is true and correct.

Signature		Date
Printed Name G.W. Brucker	Title Vice-President & General Manager	Phone w/area code (818) 765-1010

I Owner

Name (Corporation, Individual or Public Agency)			
Street Address	City	State	ZIP

II Facility

Facility Name		Dealer/Foreman/Supervisor	
Street Address		Nearest Cross Street	
City	County	ZIP	
Mailing Address	City	State	ZIP
Phone w/area code	Type of Business <input type="checkbox"/> 01 Motor Vehicle Fuel Station <input type="checkbox"/> 02 Other: _____		
Number of Tanks at this Facility	Rural Areas Only:	Township	Range
		Section	

III 24 Hour Emergency Contact Person

Days: Name (last name first) and Phone w/area code	Nights: Name (last name first) and Phone w/area code
--	--

COMPLETE THE FOLLOWING ON A SEPARATE FORM FOR EACH CONTAINER

IV Description

A. <input type="checkbox"/> 01 Tank <input checked="" type="checkbox"/> 02 Sump <input type="checkbox"/> 03 Lagoon, Pit or Pond <input type="checkbox"/> 04 Other: _____		Container Number (if there is no number assign one): 20
B. Manufacturer (if appropriate): <u>N.A.</u> Year of Mfg.: <u>N.A.</u>		C. Year Installed: <u>1945</u> <input type="checkbox"/> Unknown
D. Container Capacity: <u>500</u> gallons <input type="checkbox"/> Unknown	E. Container Repairs: <input checked="" type="checkbox"/> 01 None <input type="checkbox"/> 02 Unknown <input type="checkbox"/> 03 Yes Year: _____	
F. Is Container currently used? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No If No, year of last use: _____ <input type="checkbox"/> 03 Unknown		
G. Does the Container Store (Check One): <input checked="" type="checkbox"/> 01 Waste <input type="checkbox"/> 02 Product		
H. Does the Container Store Motor Vehicle Fuel or Waste Oil? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No If Yes, Check appropriate box(es): <input type="checkbox"/> 01 Unleaded <input type="checkbox"/> 02 Regular <input type="checkbox"/> 03 Premium <input type="checkbox"/> 04 Diesel <input type="checkbox"/> 05 Waste Oil <input type="checkbox"/> 06 Other (List): _____		

V Container Construction

A. Thickness of Primary Containment: <u>4</u> <input type="checkbox"/> Gauge <input checked="" type="checkbox"/> Inches <input type="checkbox"/> cm <input type="checkbox"/> Unknown	
B. <input type="checkbox"/> 01 Vaulted (Located in an underground Vault.) <input checked="" type="checkbox"/> 02 Non-vaulted <input type="checkbox"/> 03 Unknown	
C. <input type="checkbox"/> 01 Double Walled <input checked="" type="checkbox"/> 02 Single Walled <input type="checkbox"/> 03 Lined <input type="checkbox"/> 04 Wrapped <input type="checkbox"/> 05 Unknown <input type="checkbox"/> 06 None	
D. <input type="checkbox"/> 01 Carbon Steel <input type="checkbox"/> 02 Stainless Steel <input type="checkbox"/> 03 Fiberglass <input type="checkbox"/> 04 Polyvinyl Chloride <input checked="" type="checkbox"/> 05 Concrete <input type="checkbox"/> 06 Aluminum <input type="checkbox"/> 07 Steel Clad <input type="checkbox"/> 08 Bronze <input type="checkbox"/> 09 Composite <input type="checkbox"/> 10 Non-metallic <input type="checkbox"/> 11 Earthen Walls <input type="checkbox"/> 12 Unknown <input type="checkbox"/> 13 Other: _____	
E. <input type="checkbox"/> 01 Rubber Lined <input type="checkbox"/> 02 Alkyd Lining <input type="checkbox"/> 03 Epoxy Lining <input type="checkbox"/> 04 Phenolic Lining <input type="checkbox"/> 05 Glass Lining <input type="checkbox"/> 06 Clay Lining <input checked="" type="checkbox"/> 07 Unlined <input type="checkbox"/> 08 Unknown <input type="checkbox"/> 09 Other: _____	
F. <input type="checkbox"/> 01 Polyethylene Wrap <input type="checkbox"/> 02 Vinyl Wrapping <input type="checkbox"/> 03 Cathodic Protection <input type="checkbox"/> 04 Unknown <input checked="" type="checkbox"/> 05 None <input type="checkbox"/> 06 Other: _____	

VI Piping

A. Associated Piping:	<input type="checkbox"/> 01 Above Ground	<input type="checkbox"/> 02 Underground	<input type="checkbox"/> 03 Vaulted	NONE	
B. Underground Piping:	<input type="checkbox"/> 01 Gravity	<input type="checkbox"/> 02 Pressure	<input type="checkbox"/> 03 Suction	<input type="checkbox"/> 04 Unknown	NONE
C. Piping Repairs:	<input type="checkbox"/> 01 None	<input type="checkbox"/> 02 Unknown	<input type="checkbox"/> 03 Yes, Year of most recent repair: _____		

VII Leak Detection

<input type="checkbox"/> 01 Visual	<input type="checkbox"/> 02 Stock Inventory	<input type="checkbox"/> 03 Tile Drain	<input type="checkbox"/> 04 Vapor Sniff Wells	<input type="checkbox"/> 05 Sensor Instrument
<input type="checkbox"/> 06 Ground Water Monitoring Wells	<input type="checkbox"/> 07 Pressure Test	<input checked="" type="checkbox"/> 08 Internal Inspection	<input type="checkbox"/> 09 None	
<input type="checkbox"/> 10 Other: _____				

VIII Chemical Composition of Materials Currently or Previously Stored in Underground Containers

If you checked yes to IV-H you are not required to complete this section.

currently stored	previously stored	CAS # (if known)	Chemical Do Not Use Commercial Name (Use additional paper for more room)
<input checked="" type="checkbox"/> 01	<input checked="" type="checkbox"/> 02		Low concentrations (0-1500 PPM Max) of chromic,
<input type="checkbox"/> 01	<input type="checkbox"/> 02		muriatic and hydrochloric acids in water
<input type="checkbox"/> 01	<input type="checkbox"/> 02		reservoir of fume scrubber.
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		

Is Container located on an Agricultural Farm? ☐ 01 Yes ☒ 02 No

IX IMPORTANT! Read instructions before signing:

Signature: The form must be signed by 1) a principal executive officer at the level of vice-president or by an authorized representative. The representative must be responsible for the overall operation of the facility where the tank(s) are located. 2) a general partner proprietor, or 3) a principal executive officer, ranking elected official or authorized representative of a public agency.

This form has been completed under the penalty of perjury and, to the best of my knowledge, is true and correct.

Signature		Date
Printed Name G.W. Brucker	Title Vice-President & General Manager	Phone w/area code (818) 765-1010

CHASE MANHATTAN BANK, N.A.
SYRACUSE, NEW YORK



Electrodynamics
Division

No. 020468

50-937
213

*MAILED
AUGUST 28, 1984*

Vendor No.

August 27, 1984

Pay This Amount

17275

Pay Exactly *130* Dollars And *00* Cents

\$130.00*

To
The
Order
Of

California Water Resources
Control Board

The Bendix Corporation

*J. R. Berger
W. A. Lee*

⑈020468⑈ ⑆021309379⑆ 601⑈2⑈91438⑈

THE BENDIX CORPORATION - ELECTRODYNAMICS DIVISION

Remittance Advice

Detach Before Cashing

Voucher No.	Invoice No.	Gross Amount	Discount Amt.	Voucher No.	Invoice No.	Gross Amount	Discount Amount
8-2101		\$130.00*					
Hazardous Substance Storage Statement							
Total Gross Amount		\$130.00*	Total Discount Amount		Total Net Amount		\$130.00*

0132-231 REV. 1/83

NOTE: ALL UNDERGROUND CONTAINERS MUST REGISTER EVEN IF STATE AND/OR LOCAL PERMITS ARE IN FORCE.

I Owner

Name (Corporation, Individual or Public Agency)

SEE BELOW

Street Address

City

State

ZIP

II Facility

Facility Name

Bendix - Electrodynamics Division

Dealer/Foreman/Supervisor

Ron Slatterbeck

Street Address

11600 Sherman Way

Nearest Cross Street

Lankershim

City

N. Hollywood

County

Los Angeles

ZIP

91605-5887

Mailing Address

11600 Sherman Way

City

N. Hollywood

State

CA

ZIP

91605-5887

Phone w/area code

(818) 765-1010

Type of Business

☐ 01 Motor Vehicle Fuel Station ☒ 02 Other: Manufacturing

Number of Tanks at this Facility

Rural Areas
Only:

Township

Range

Section

III 24 Hour Emergency Contact Person

Days Name (last name first) and Phone w/area code

Slatterbeck, Ron (818) 765-1010

Nights Name (last name first) and Phone w/area code

Slatterbeck, Ron (818) 906-1301

COMPLETE THE FOLLOWING ON A SEPARATE FORM FOR EACH CONTAINER

IV Description

A. <input checked="" type="checkbox"/> 01 Tank <input type="checkbox"/> 02 Sump <input type="checkbox"/> 03 Lagoon, Pit or Pond <input type="checkbox"/> 04 Other: _____		Container Number (if there is no number, assign one): 2
B. Manufacturer (if appropriate): UNK Year of Mfg: 1941		C. Year Installed: 1942 <input type="checkbox"/> Unknown
D. Container Capacity: 450 gallons <input type="checkbox"/> Unknown	E. Container Repairs: <input checked="" type="checkbox"/> 01 None <input type="checkbox"/> 02 Unknown <input type="checkbox"/> 03 Yes Year: _____	
F. Is Container currently used? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No If No, year of last use: _____ <input type="checkbox"/> 03 Unknown		
G. Does the Container Store (Check One): <input type="checkbox"/> 01 Waste <input checked="" type="checkbox"/> 02 Product		
H. Does the Container Store Motor Vehicle Fuel or Waste Oil? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No If Yes, Check appropriate box(es): <input type="checkbox"/> 01 Unleaded <input type="checkbox"/> 02 Regular <input type="checkbox"/> 03 Premium <input type="checkbox"/> 04 Diesel <input type="checkbox"/> 05 Waste Oil <input type="checkbox"/> 06 Other (List): _____		

V Container Construction

A. Thickness of Primary Containment: _____ <input type="checkbox"/> Gauge <input type="checkbox"/> Inches <input type="checkbox"/> cm <input checked="" type="checkbox"/> Unknown	
B. <input type="checkbox"/> 01 Vaulted (Located in an underground Vault.) <input checked="" type="checkbox"/> 02 Non-vaulted <input type="checkbox"/> 03 Unknown	
C. <input type="checkbox"/> 01 Double Walled <input checked="" type="checkbox"/> 02 Single Walled <input type="checkbox"/> 03 Lined <input type="checkbox"/> 04 Wrapped <input type="checkbox"/> 05 Unknown <input type="checkbox"/> 06 None	
D. <input checked="" type="checkbox"/> 01 Carbon Steel <input type="checkbox"/> 02 Stainless Steel <input type="checkbox"/> 03 Fiberglass <input type="checkbox"/> 04 Polyvinyl Chloride <input type="checkbox"/> 05 Concrete <input type="checkbox"/> 06 Aluminum <input type="checkbox"/> 07 Steel Clad <input type="checkbox"/> 08 Bronze <input type="checkbox"/> 09 Composite <input type="checkbox"/> 10 Non-metallic <input type="checkbox"/> 11 Earthen Walls <input type="checkbox"/> 12 Unknown <input type="checkbox"/> 13 Other: _____	
E. <input type="checkbox"/> 01 Rubber Lined <input type="checkbox"/> 02 Alkyd Lining <input type="checkbox"/> 03 Epoxy Lining <input type="checkbox"/> 04 Phenolic Lining <input type="checkbox"/> 05 Glass Lining <input type="checkbox"/> 06 Clay Lining <input type="checkbox"/> 07 Unlined <input checked="" type="checkbox"/> 08 Unknown <input type="checkbox"/> 09 Other: _____	
F. <input type="checkbox"/> 01 Polyethylene Wrap <input type="checkbox"/> 02 Vinyl Wrapping <input type="checkbox"/> 03 Cathodic Protection <input checked="" type="checkbox"/> 04 Unknown <input type="checkbox"/> 05 None <input type="checkbox"/> 06 Other: _____	

VI Piping

A. Associated Piping:	<input checked="" type="checkbox"/> 01 Above Ground	<input checked="" type="checkbox"/> 02 Underground	<input type="checkbox"/> 03 Vaulted
B. Underground Piping:	<input type="checkbox"/> 01 Gravity	<input type="checkbox"/> 02 Pressure	<input checked="" type="checkbox"/> 03 Suction <input type="checkbox"/> 04 Unknown
C. Piping Repairs:	<input checked="" type="checkbox"/> 01 None	<input type="checkbox"/> 02 Unknown	<input type="checkbox"/> 03 Yes. Year of most recent repair: _____

VII Leak Detection

<input type="checkbox"/> 01 Visual	<input checked="" type="checkbox"/> 02 Stock Inventory	<input type="checkbox"/> 03 Tile Drain	<input type="checkbox"/> 04 Vapor Sniff Wells	<input type="checkbox"/> 05 Sensor Instrument
<input type="checkbox"/> 06 Ground Water Monitoring Wells	<input type="checkbox"/> 07 Pressure Test	<input type="checkbox"/> 08 Internal Inspection	<input type="checkbox"/> 09 None	
<input type="checkbox"/> 10 Other: _____				

VIII Chemical Composition of Materials Currently or Previously Stored in Underground Containers

If you checked yes to IV-H you are not required to complete this section.

currently stored	previously stored	CAS # (if known)	Chemical Do Not Use Commercial Name (Use additional paper for more room)
<input checked="" type="checkbox"/> 01	<input checked="" type="checkbox"/> 02	008008206	HYDROCARBON BLEND 10-16
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		

Is Container located on an Agricultural Farm? ☐ 01 Yes ☒ 02 No

IX IMPORTANT! Read instructions before signing:

Signature: The form must be signed by 1) a principal executive officer at the level of vice-president or by an authorized representative. The representative must be responsible for the overall operation of the facility where the tank(s) are located 2) a general partner proprietor, or 3) a principal executive officer, ranking elected official or authorized representative of a public agency.

This form has been completed under the penalty of perjury and, to the best of my knowledge, is true and correct.

Signature		Date
Printed Name	Title	Phone w/area code
G.W. Brucker	Vice-President & General Manager	(818) 765-1010

Days Name (last name first) and Phone w/area code	Nights Name (last name first) and Phone w/area code
---	---

COMPLETE THE FOLLOWING ON A SEPARATE FORM FOR EACH CONTAINER

IV Description

A. <input checked="" type="checkbox"/> 01 Tank <input type="checkbox"/> 02 Sump <input type="checkbox"/> 03 Lagoon, Pit or Pond <input type="checkbox"/> 04 Other: _____		Container Number (if there is no number assign one) 3
B. Manufacturer (if appropriate): <u>UNK</u> Year of Mfg.: <u>1941</u>		C. Year Installed: <u>1942</u> <input type="checkbox"/> Unknown
D. Container Capacity: <u>450</u> gallons <input type="checkbox"/> Unknown	E. Container Repairs: <input checked="" type="checkbox"/> 01 None <input type="checkbox"/> 02 Unknown <input type="checkbox"/> 03 Yes Year: _____	
F. Is Container currently used? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No If No, year of last use: _____ <input type="checkbox"/> 03 Unknown		
G. Does the Container Store (Check One): <input type="checkbox"/> 01 Waste <input checked="" type="checkbox"/> 02 Product		
H. Does the Container Store Motor Vehicle Fuel or Waste Oil? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No If Yes, Check appropriate box(es): <input type="checkbox"/> 01 Unleaded <input type="checkbox"/> 02 Regular <input type="checkbox"/> 03 Premium <input type="checkbox"/> 04 Diesel <input type="checkbox"/> 05 Waste Oil <input type="checkbox"/> 06 Other (List): _____		

V Container Construction

A. Thickness of Primary Containment: _____ <input type="checkbox"/> Gauge <input type="checkbox"/> Inches <input type="checkbox"/> cm <input checked="" type="checkbox"/> Unknown	
B. <input type="checkbox"/> 01 Vaulted (Located in an underground Vault.) <input checked="" type="checkbox"/> 02 Non-vaulted <input type="checkbox"/> 03 Unknown	
C. <input type="checkbox"/> 01 Double Walled <input checked="" type="checkbox"/> 02 Single Walled <input type="checkbox"/> 03 Lined <input type="checkbox"/> 04 Wrapped <input type="checkbox"/> 05 Unknown <input type="checkbox"/> 06 None	
D. <input checked="" type="checkbox"/> 01 Carbon Steel <input type="checkbox"/> 02 Stainless Steel <input type="checkbox"/> 03 Fiberglass <input type="checkbox"/> 04 Polyvinyl Chloride <input type="checkbox"/> 05 Concrete <input type="checkbox"/> 06 Aluminum <input type="checkbox"/> 07 Steel Clad <input type="checkbox"/> 08 Bronze <input type="checkbox"/> 09 Composite <input type="checkbox"/> 10 Non-metallic <input type="checkbox"/> 11 Earthen Walls <input type="checkbox"/> 12 Unknown <input type="checkbox"/> 13 Other: _____	
E. <input type="checkbox"/> 01 Rubber Lined <input type="checkbox"/> 02 Alkyd Lining <input type="checkbox"/> 03 Epoxy Lining <input type="checkbox"/> 04 Phenolic Lining <input type="checkbox"/> 05 Glass Lining <input type="checkbox"/> 06 Clay Lining <input type="checkbox"/> 07 Unlined <input checked="" type="checkbox"/> 08 Unknown <input type="checkbox"/> 09 Other: _____	
F. <input type="checkbox"/> 01 Polyethylene Wrap <input type="checkbox"/> 02 Vinyl Wrapping <input type="checkbox"/> 03 Cathodic Protection <input checked="" type="checkbox"/> 04 Unknown <input type="checkbox"/> 05 None <input type="checkbox"/> 06 Other: _____	

VI Piping

A. Associated Piping:	<input checked="" type="checkbox"/> 01 Above Ground	<input checked="" type="checkbox"/> 02 Underground	<input type="checkbox"/> 03 Vaulted
B. Underground Piping:	<input type="checkbox"/> 01 Gravity	<input type="checkbox"/> 02 Pressure	<input checked="" type="checkbox"/> 03 Suction <input type="checkbox"/> 04 Unknown
C. Piping Repairs:	<input type="checkbox"/> 01 None	<input type="checkbox"/> 02 Unknown	<input type="checkbox"/> 03 Yes. Year of most recent repair: _____

VII Leak Detection

<input type="checkbox"/> 01 Visual	<input checked="" type="checkbox"/> 02 Stock Inventory	<input type="checkbox"/> 03 Tile Drain	<input type="checkbox"/> 04 Vapor Sniff Wells	<input type="checkbox"/> 05 Sensor Instrument
<input type="checkbox"/> 06 Ground Water Monitoring Wells	<input type="checkbox"/> 07 Pressure Test	<input type="checkbox"/> 08 Internal Inspection	<input type="checkbox"/> 09 None	
<input type="checkbox"/> 10 Other: _____				

VIII Chemical Composition of Materials Currently or Previously Stored in Underground Containers

If you checked yes to IV-H you are not required to complete this section.

currently stored	previously stored	CAS # (if known)	Chemical Do Not Use Commercial Name (Use additional paper for more room)
<input checked="" type="checkbox"/> 01	<input checked="" type="checkbox"/> 02	008052413	NAPHTHENIC, PARAFFINIC HYDROCARBON
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		

Is Container located on an Agricultural Farm? ☐ 01 Yes ☒ 02 No

IX IMPORTANT! Read instructions before signing:

Signature: The form must be signed by 1) a principal executive officer at the level of vice-president or by an authorized representative. The representative must be responsible for the overall operation of the facility where the tank(s) are located. 2) a general partner proprietor, or 3) a principal executive officer, ranking elected official or authorized representative of a public agency
This form has been completed under the penalty of perjury and, to the best of my knowledge, is true and correct.

Signature	Date
Printed Name G.W. BRUCKER	Title Vice President & General Manager Phone w/area code (818) 765-1010

Days Name (last name first) and Phone w/area code	Nights Name (last name first) and Phone w/area code
---	---

COMPLETE THE FOLLOWING ON A SEPARATE FORM FOR EACH CONTAINER

IV Description

A. <input checked="" type="checkbox"/> 01 Tank <input type="checkbox"/> 02 Sump <input type="checkbox"/> 03 Lagoon, Pit or Pond <input type="checkbox"/> 04 Other: _____		Container Number (if there is no number assign one): 4
B. Manufacturer (if appropriate): <u>UNK</u> Year of Mfg.: <u>1941</u>		C. Year Installed: <u>1942</u> <input type="checkbox"/> Unknown
D. Container Capacity: <u>450</u> gallons <input type="checkbox"/> Unknown	E. Container Repairs: <input checked="" type="checkbox"/> 01 None <input type="checkbox"/> 02 Unknown <input type="checkbox"/> 03 Yes Year: _____	
F. Is Container currently used? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No If No, year of last use: _____ <input type="checkbox"/> 03 Unknown		
G. Does the Container Store (Check One): <input type="checkbox"/> 01 Waste <input checked="" type="checkbox"/> 02 Product		
H. Does the Container Store Motor Vehicle Fuel or Waste Oil? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No If Yes, Check appropriate box(es): <input type="checkbox"/> 01 Unleaded <input checked="" type="checkbox"/> 02 Regular <input type="checkbox"/> 03 Premium <input type="checkbox"/> 04 Diesel <input type="checkbox"/> 05 Waste Oil <input type="checkbox"/> 06 Other (List): _____		

V Container Construction

A. Thickness of Primary Containment: _____ <input type="checkbox"/> Gauge <input type="checkbox"/> Inches <input type="checkbox"/> cm <input checked="" type="checkbox"/> Unknown	
B. <input type="checkbox"/> 01 Vaulted (Located in an underground Vault.) <input checked="" type="checkbox"/> 02 Non-vaulted <input type="checkbox"/> 03 Unknown	
C. <input type="checkbox"/> 01 Double Walled <input checked="" type="checkbox"/> 02 Single Walled <input type="checkbox"/> 03 Lined <input type="checkbox"/> 04 Wrapped <input type="checkbox"/> 05 Unknown <input type="checkbox"/> 06 None	
D. <input checked="" type="checkbox"/> 01 Carbon Steel <input type="checkbox"/> 02 Stainless Steel <input type="checkbox"/> 03 Fiberglass <input type="checkbox"/> 04 Polyvinyl Chloride <input type="checkbox"/> 05 Concrete <input type="checkbox"/> 06 Aluminum <input type="checkbox"/> 07 Steel Clad <input type="checkbox"/> 08 Bronze <input type="checkbox"/> 09 Composite <input type="checkbox"/> 10 Non-metallic <input type="checkbox"/> 11 Earthen Walls <input type="checkbox"/> 12 Unknown <input type="checkbox"/> 13 Other: _____	
E. <input type="checkbox"/> 01 Rubber Lined <input type="checkbox"/> 02 Alkyd Lining <input type="checkbox"/> 03 Epoxy Lining <input type="checkbox"/> 04 Phenolic Lining <input type="checkbox"/> 05 Glass Lining <input type="checkbox"/> 06 Clay Lining <input type="checkbox"/> 07 Unlined <input checked="" type="checkbox"/> 08 Unknown <input type="checkbox"/> 09 Other: _____	
F. <input type="checkbox"/> 01 Polyethylene Wrap <input type="checkbox"/> 02 Vinyl Wrapping <input type="checkbox"/> 03 Cathodic Protection <input checked="" type="checkbox"/> 04 Unknown <input type="checkbox"/> 05 None <input type="checkbox"/> 06 Other: _____	

VI Piping

A. Associated Piping:	<input checked="" type="checkbox"/> 01 Above Ground	<input checked="" type="checkbox"/> 02 Underground	<input type="checkbox"/> 03 Vaulted
B. Underground Piping:	<input type="checkbox"/> 01 Gravity	<input type="checkbox"/> 02 Pressure	<input checked="" type="checkbox"/> 03 Suction <input type="checkbox"/> 04 Unknown
C. Piping Repairs:	<input checked="" type="checkbox"/> 01 None	<input type="checkbox"/> 02 Unknown	<input type="checkbox"/> 03 Yes, Year of most recent repair: _____

VII Leak Detection

<input type="checkbox"/> 01 Visual	<input checked="" type="checkbox"/> 02 Stock Inventory	<input type="checkbox"/> 03 Tile Drain	<input type="checkbox"/> 04 Vapor Sniff Wells	<input type="checkbox"/> 05 Sensor Instrument
<input type="checkbox"/> 06 Ground Water Monitoring Wells	<input type="checkbox"/> 07 Pressure Test	<input type="checkbox"/> 08 Internal Inspection	<input type="checkbox"/> 09 None	
<input type="checkbox"/> 10 Other: _____				

VIII Chemical Composition of Materials Currently or Previously Stored in Underground Containers

If you checked yes to IV-H you are not required to complete this section.

currently stored	previously stored	CAS # (if known)	Chemical Do Not Use Commercial Name (Use additional paper for more room)
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		

Is Container located on an Agricultural Farm? ☐ 01 Yes ☒ 02 No

IX IMPORTANT! Read instructions before signing:

Signature: The form must be signed by 1) a principal executive officer at the level of vice-president or by an authorized representative. The representative must be responsible for the overall operation of the facility where the tank(s) are located. 2) a general partner proprietor, or 3) a principal executive officer, ranking elected official or authorized representative of a public agency.

This form has been completed under the penalty of perjury and, to the best of my knowledge, is true and correct.

Signature		Date
Printed Name	Title	Phone w/area code
G. W. BRUCKER	Vice-President & General Manager	(818) 765-1010

Days Name (last name first) and Phone w/area code	Nights Name (last name first) and Phone w/area code
---	---

COMPLETE THE FOLLOWING ON A SEPARATE FORM FOR EACH CONTAINER

IV Description

A. <input checked="" type="checkbox"/> 01 Tank <input type="checkbox"/> 02 Sump <input type="checkbox"/> 03 Lagoon, Pit or Pond <input type="checkbox"/> 04 Other: _____		Container Number (if there is no number assign one) 5
B. Manufacturer (if appropriate): <u>UNK</u> Year of Mfg.: <u>1941</u>		C. Year Installed: <u>1942</u> <input type="checkbox"/> Unknown
D. Container Capacity: <u>450</u> gallons <input type="checkbox"/> Unknown	E. Container Repairs: <input checked="" type="checkbox"/> 01 None <input type="checkbox"/> 02 Unknown <input type="checkbox"/> 03 Yes Year: _____	
F. Is Container currently used? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No If No, year of last use: _____ <input type="checkbox"/> 03 Unknown		
G. Does the Container Store (Check One): <input type="checkbox"/> 01 Waste <input checked="" type="checkbox"/> 02 Product		
H. Does the Container Store Motor Vehicle Fuel or Waste Oil? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No If Yes, Check appropriate box(es): <input checked="" type="checkbox"/> 01 Unleaded <input type="checkbox"/> 02 Regular <input type="checkbox"/> 03 Premium <input type="checkbox"/> 04 Diesel <input type="checkbox"/> 05 Waste Oil <input type="checkbox"/> 06 Other (List): _____		

V Container Construction

A. Thickness of Primary Containment: _____ <input type="checkbox"/> Gauge <input type="checkbox"/> Inches <input type="checkbox"/> cm <input checked="" type="checkbox"/> Unknown	
B. <input type="checkbox"/> 01 Vaulted (Located in an underground Vault.) <input checked="" type="checkbox"/> 02 Non-vaulted <input type="checkbox"/> 03 Unknown	
C. <input type="checkbox"/> 01 Double Walled <input checked="" type="checkbox"/> 02 Single Walled <input type="checkbox"/> 03 Lined <input type="checkbox"/> 04 Wrapped <input type="checkbox"/> 05 Unknown <input type="checkbox"/> 06 None	
D. <input checked="" type="checkbox"/> 01 Carbon Steel <input type="checkbox"/> 02 Stainless Steel <input type="checkbox"/> 03 Fiberglass <input type="checkbox"/> 04 Polyvinyl Chloride <input type="checkbox"/> 05 Concrete <input type="checkbox"/> 06 Aluminum <input type="checkbox"/> 07 Steel Clad <input type="checkbox"/> 08 Bronze <input type="checkbox"/> 09 Composite <input type="checkbox"/> 10 Non-metallic <input type="checkbox"/> 11 Earthen Walls <input type="checkbox"/> 12 Unknown <input type="checkbox"/> 13 Other: _____	
E. <input type="checkbox"/> 01 Rubber Lined <input type="checkbox"/> 02 Alkyd Lining <input type="checkbox"/> 03 Epoxy Lining <input type="checkbox"/> 04 Phenolic Lining <input type="checkbox"/> 05 Glass Lining <input type="checkbox"/> 06 Clay Lining <input type="checkbox"/> 07 Unlined <input checked="" type="checkbox"/> 08 Unknown <input type="checkbox"/> 09 Other: _____	
F. <input type="checkbox"/> 01 Polyethylene Wrap <input type="checkbox"/> 02 Vinyl Wrapping <input type="checkbox"/> 03 Cathodic Protection <input checked="" type="checkbox"/> 04 Unknown <input type="checkbox"/> 05 None <input type="checkbox"/> 06 Other: _____	

VI Piping

A. Associated Piping:	<input checked="" type="checkbox"/> 01 Above Ground	<input checked="" type="checkbox"/> 02 Underground	<input type="checkbox"/> 03 Vaulted
B. Underground Piping:	<input type="checkbox"/> 01 Gravity	<input type="checkbox"/> 02 Pressure	<input checked="" type="checkbox"/> 03 Suction <input type="checkbox"/> 04 Unknown
C. Piping Repairs:	<input checked="" type="checkbox"/> 01 None	<input type="checkbox"/> 02 Unknown	<input type="checkbox"/> 03 Yes, Year of most recent repair: _____

VII Leak Detection

<input type="checkbox"/> 01 Visual	<input checked="" type="checkbox"/> 02 Stock Inventory	<input type="checkbox"/> 03 Tile Drain	<input type="checkbox"/> 04 Vapor Sniff Wells	<input type="checkbox"/> 05 Sensor Instrument
<input type="checkbox"/> 06 Ground Water Monitoring Wells	<input type="checkbox"/> 07 Pressure Test	<input type="checkbox"/> 08 Internal Inspection	<input type="checkbox"/> 09 None	
<input type="checkbox"/> 10 Other: _____				

VIII Chemical Composition of Materials Currently or Previously Stored in Underground Containers

If you checked yes to IV-H you are not required to complete this section.

currently stored	previously stored	CAS # (if known)	Chemical Do Not Use Commercial Name (Use additional paper for more room)
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		

Is Container located on an Agricultural Farm? ☐ 01 Yes ☒ 02 No

IX IMPORTANT! Read instructions before signing:

Signature: The form must be signed by 1) a principal executive officer at the level of vice-president or by an authorized representative. The representative must be responsible for the overall operation of the facility where the tank(s) are located. 2) a general partner proprietor, or 3) a principal executive officer, ranking elected official or authorized representative of a public agency.

This form has been completed under the penalty of perjury and, to the best of my knowledge, is true and correct.

Signature	Date
Printed Name G. W. Brucker	Title Vice-President & General Manager Phone w/area code (818) 765-1010

Days Name (last name first) and Phone w/area code	Nights Name (last name first) and Phone w/area code
---	---

COMPLETE THE FOLLOWING ON A SEPARATE FORM FOR EACH CONTAINER

IV Description

A. <input checked="" type="checkbox"/> 01 Tank <input type="checkbox"/> 02 Sump <input type="checkbox"/> 03 Lagoon, Pit or Pond <input type="checkbox"/> 04 Other: _____		Container Number (if there is no number assign one): 6
B. Manufacturer (if appropriate): <u>Unknown</u> Year of Mfg.: <u>1965</u>	C. Year Installed: <u>1965</u> <input type="checkbox"/> Unknown	
D. Container Capacity: <u>3,000</u> gallons <input type="checkbox"/> Unknown	E. Container Repairs: <input checked="" type="checkbox"/> 01 None <input type="checkbox"/> 02 Unknown <input type="checkbox"/> 03 Yes Year: _____	
F. Is Container currently used? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No If No, year of last use: _____ <input type="checkbox"/> 03 Unknown		
G. Does the Container Store (Check One): <input type="checkbox"/> 01 Waste <input checked="" type="checkbox"/> 02 Product		
H. Does the Container Store Motor Vehicle Fuel or Waste Oil? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No If Yes, Check appropriate box(es): <input type="checkbox"/> 01 Unleaded <input type="checkbox"/> 02 Regular <input type="checkbox"/> 03 Premium <input type="checkbox"/> 04 Diesel <input type="checkbox"/> 05 Waste Oil <input type="checkbox"/> 06 Other (List): _____		

V Container Construction

A. Thickness of Primary Containment: <u>25</u> <input type="checkbox"/> Gauge <input checked="" type="checkbox"/> Inches <input type="checkbox"/> cm <input type="checkbox"/> Unknown	
B. <input checked="" type="checkbox"/> 01 Vaulted (Located in an underground Vault.) <input type="checkbox"/> 02 Non-vaulted <input type="checkbox"/> 03 Unknown	
C. <input type="checkbox"/> 01 Double Walled <input checked="" type="checkbox"/> 02 Single Walled <input type="checkbox"/> 03 Lined <input type="checkbox"/> 04 Wrapped <input type="checkbox"/> 05 Unknown <input type="checkbox"/> 06 None	
D. <input checked="" type="checkbox"/> 01 Carbon Steel <input type="checkbox"/> 02 Stainless Steel <input type="checkbox"/> 03 Fiberglass <input type="checkbox"/> 04 Polyvinyl Chloride <input type="checkbox"/> 05 Concrete <input type="checkbox"/> 06 Aluminum <input type="checkbox"/> 07 Steel Clad <input type="checkbox"/> 08 Bronze <input type="checkbox"/> 09 Composite <input type="checkbox"/> 10 Non-metallic <input type="checkbox"/> 11 Earthen Walls <input type="checkbox"/> 12 Unknown <input type="checkbox"/> 13 Other: _____	
E. <input type="checkbox"/> 01 Rubber Lined <input type="checkbox"/> 02 Alkyd Lining <input type="checkbox"/> 03 Epoxy Lining <input type="checkbox"/> 04 Phenolic Lining <input type="checkbox"/> 05 Glass Lining <input type="checkbox"/> 06 Clay Lining <input checked="" type="checkbox"/> 07 Unlined <input type="checkbox"/> 08 Unknown <input type="checkbox"/> 09 Other: _____	
F. <input type="checkbox"/> 01 Polyethylene Wrap <input type="checkbox"/> 02 Vinyl Wrapping <input type="checkbox"/> 03 Cathodic Protection <input type="checkbox"/> 04 Unknown <input checked="" type="checkbox"/> 05 None <input type="checkbox"/> 06 Other: _____	

VI Piping

A. Associated Piping:	<input checked="" type="checkbox"/> 01 Above Ground	<input type="checkbox"/> 02 Underground	<input type="checkbox"/> 03 Vaulted
B. Underground Piping:	<input type="checkbox"/> 01 Gravity	<input type="checkbox"/> 02 Pressure	<input type="checkbox"/> 03 Suction <input type="checkbox"/> 04 Unknown
C. Piping Repairs:	<input type="checkbox"/> 01 None	<input type="checkbox"/> 02 Unknown	<input checked="" type="checkbox"/> 03 Yes, Year of most recent repair: <u>1981</u>

VII Leak Detection

<input checked="" type="checkbox"/> 01 Visual	<input type="checkbox"/> 02 Stock Inventory	<input type="checkbox"/> 03 Tile Drain	<input type="checkbox"/> 04 Vapor Sniff Wells	<input type="checkbox"/> 05 Sensor Instrument
<input type="checkbox"/> 06 Ground Water Monitoring Wells	<input type="checkbox"/> 07 Pressure Test	<input type="checkbox"/> 08 Internal Inspection	<input type="checkbox"/> 09 None	
<input type="checkbox"/> 10 Other: _____				

VIII Chemical Composition of Materials Currently or Previously Stored In Underground Containers

If you checked yes to IV-H you are not required to complete this section.

currently stored	previously stored	CAS # (if known)	Chemical Do Not Use Commercial Name (Use additional paper for more room)
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		

Is Container located on an Agricultural Farm? ☐ 01 Yes ☒ 02 No

IX IMPORTANT! Read instructions before signing:

Signature: The form must be signed by 1) a principal executive officer at the level of vice-president or by an authorized representative. The representative must be responsible for the overall operation of the facility where the tank(s) are located. 2) a general partner proprietor, or 3) a principal executive officer, ranking elected official or authorized representative of a public agency

This form has been completed under the penalty of perjury and, to the best of my knowledge, is true and correct.

Signature		Date
Printed Name	Title	Phone w/area code
G.E. Brucker	Vice-President & General Manager	(818) 765-1010

Days: Name (last name first) and Phone w/area code	Nights: Name (last name first) and Phone w/area code
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COMPLETE THE FOLLOWING ON A SEPARATE FORM FOR EACH CONTAINER

IV Description

A. <input checked="" type="checkbox"/> Tank <input type="checkbox"/> Sump <input type="checkbox"/> Lagoon, Pit or Pond <input type="checkbox"/> Other: _____		Container Number (if there is no number assign one) 8
B. Manufacturer (if appropriate): <u>Unknown</u> Year of Mfg.: <u>1957</u>		C. Year Installed: <u>1957</u> <input type="checkbox"/> Unknown
D. Container Capacity: <u>1015</u> gallons <input type="checkbox"/> Unknown	E. Container Repairs: <input type="checkbox"/> None <input type="checkbox"/> Unknown <input type="checkbox"/> Yes Year: <u>1969</u>	
F. Is Container currently used? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No, year of last use: _____ <input type="checkbox"/> Unknown		
G. Does the Container Store (Check One): <input checked="" type="checkbox"/> Waste <input type="checkbox"/> Product		
H. Does the Container Store Motor Vehicle Fuel or Waste Oil? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Check appropriate box(es): <input type="checkbox"/> Unleaded <input type="checkbox"/> Regular <input type="checkbox"/> Premium <input type="checkbox"/> Diesel <input type="checkbox"/> Waste Oil <input checked="" type="checkbox"/> Other (List): <u>HYDRAULIC OIL&WATER</u>		

V Container Construction

A. Thickness of Primary Containment: <u>.25</u> <input type="checkbox"/> Gauge <input checked="" type="checkbox"/> Inches <input type="checkbox"/> cm <input type="checkbox"/> Unknown	
B. <input type="checkbox"/> Vaulted (Located in an underground Vault.) <input checked="" type="checkbox"/> Non-vaulted <input type="checkbox"/> Unknown	
C. <input type="checkbox"/> Double Walled <input checked="" type="checkbox"/> Single Walled <input type="checkbox"/> Lined <input type="checkbox"/> Wrapped <input type="checkbox"/> Unknown <input type="checkbox"/> None	
D. <input checked="" type="checkbox"/> Carbon Steel <input type="checkbox"/> Stainless Steel <input type="checkbox"/> Fiberglass <input type="checkbox"/> Polyvinyl Chloride <input type="checkbox"/> Concrete <input type="checkbox"/> Aluminum <input type="checkbox"/> Steel Clad <input type="checkbox"/> Bronze <input type="checkbox"/> Composite <input type="checkbox"/> Non-metallic <input type="checkbox"/> Earthen Walls <input type="checkbox"/> Unknown <input type="checkbox"/> Other: _____	
E. <input type="checkbox"/> Rubber Lined <input type="checkbox"/> Alkyd Lining <input type="checkbox"/> Epoxy Lining <input type="checkbox"/> Phenolic Lining <input type="checkbox"/> Glass Lining <input type="checkbox"/> Clay Lining <input type="checkbox"/> Unlined <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> Other: _____	
F. <input type="checkbox"/> Polyethylene Wrap <input type="checkbox"/> Vinyl Wrapping <input type="checkbox"/> Cathodic Protection <input type="checkbox"/> Unknown <input type="checkbox"/> None <input checked="" type="checkbox"/> Other: <u>COATED</u>	

VI Piping

A. Associated Piping:	<input type="checkbox"/> 01 Above Ground	<input checked="" type="checkbox"/> 02 Underground	<input type="checkbox"/> 03 Vaulted
B. Underground Piping:	<input checked="" type="checkbox"/> 01 Gravity	<input type="checkbox"/> 02 Pressure	<input type="checkbox"/> 03 Suction <input type="checkbox"/> 04 Unknown
C. Piping Repairs:	<input checked="" type="checkbox"/> 01 None	<input type="checkbox"/> 02 Unknown	<input type="checkbox"/> 03 Yes, Year of most recent repair: _____

VII Leak Detection

<input type="checkbox"/> 01 Visual	<input type="checkbox"/> 02 Stock Inventory	<input type="checkbox"/> 03 Tile Drain	<input type="checkbox"/> 04 Vapor Sniff Wells	<input type="checkbox"/> 05 Sensor Instrument
<input checked="" type="checkbox"/> 06 Ground Water Monitoring Wells	<input type="checkbox"/> 07 Pressure Test	<input type="checkbox"/> 08 Internal Inspection	<input type="checkbox"/> 09 None	
<input type="checkbox"/> 10 Other: _____				

VIII Chemical Composition of Materials Currently or Previously Stored in Underground Containers

If you checked yes to IV-H you are not required to complete this section.

currently stored	previously stored	CAS # (if known)	Chemical Do Not Use Commercial Name (Use additional paper for more room)
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		

Is Container located on an Agricultural Farm? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No

IX IMPORTANT! Read instructions before signing:

Signature: The form must be signed by 1) a principal executive officer at the level of vice-president or by an authorized representative. The representative must be responsible for the overall operation of the facility where the tank(s) are located 2) a general partner proprietor, or 3) a principal executive officer, ranking elected official or authorized representative of a public agency This form has been completed under the penalty of perjury and, to the best of my knowledge, is true and correct.		
Signature	Date	
Printed Name G. W. Brucker	Title Vice-President & General Manager	Phone w/area code (818) 765-1010

Days: Name (last name first) and Phone w/area code

Nights: Name (last name first) and Phone w/area code

COMPLETE THE FOLLOWING ON A SEPARATE FORM FOR EACH CONTAINER

IV Description

A. <input checked="" type="checkbox"/> 01 Tank <input type="checkbox"/> 02 Sump <input type="checkbox"/> 03 Lagoon, Pit or Pond <input type="checkbox"/> 04 Other: _____		Container Number (If there is no number assign one): 11
B. Manufacturer (if appropriate): <u>N.A.</u> Year of Mfg.: <u>N.A.</u>		C. Year Installed: <u>1954</u> <input type="checkbox"/> Unknown
D. Container Capacity: <u>1,500</u> gallons <input type="checkbox"/> Unknown	E. Container Repairs: <input checked="" type="checkbox"/> 01 None <input type="checkbox"/> 02 Unknown <input type="checkbox"/> 03 Yes Year: _____	
F. Is Container currently used? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No If No, year of last use: _____ <input type="checkbox"/> 03 Unknown		
G. Does the Container Store (Check One): <input checked="" type="checkbox"/> 01 Waste <input type="checkbox"/> 02 Product		
H. Does the Container Store Motor Vehicle Fuel or Waste Oil? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No If Yes, Check appropriate box(es): <input type="checkbox"/> 01 Unleaded <input type="checkbox"/> 02 Regular <input type="checkbox"/> 03 Premium <input type="checkbox"/> 04 Diesel <input checked="" type="checkbox"/> 05 Waste Oil <input type="checkbox"/> 06 Other (List): _____		

V Container Construction

A. Thickness of Primary Containment: <u>4</u> <input type="checkbox"/> Gauge <input checked="" type="checkbox"/> Inches <input type="checkbox"/> cm <input type="checkbox"/> Unknown	
B. <input type="checkbox"/> 01 Vaulted (Located in an underground Vault.) <input checked="" type="checkbox"/> 02 Non-vaulted <input type="checkbox"/> 03 Unknown	
C. <input type="checkbox"/> 01 Double Walled <input type="checkbox"/> 02 Single Walled <input type="checkbox"/> 03 Lined <input type="checkbox"/> 04 Wrapped <input checked="" type="checkbox"/> 05 Unknown <input type="checkbox"/> 06 None	
D. <input type="checkbox"/> 01 Carbon Steel <input type="checkbox"/> 02 Stainless Steel <input type="checkbox"/> 03 Fiberglass <input type="checkbox"/> 04 Polyvinyl Chloride <input checked="" type="checkbox"/> 05 Concrete <input type="checkbox"/> 06 Aluminum <input type="checkbox"/> 07 Steel Clad <input type="checkbox"/> 08 Bronze <input type="checkbox"/> 09 Composite <input type="checkbox"/> 10 Non-metallic <input type="checkbox"/> 11 Earthen Walls <input type="checkbox"/> 12 Unknown <input type="checkbox"/> 13 Other: _____	
E. <input type="checkbox"/> 01 Rubber Lined <input type="checkbox"/> 02 Alkyd Lining <input type="checkbox"/> 03 Epoxy Lining <input type="checkbox"/> 04 Phenolic Lining <input type="checkbox"/> 05 Glass Lining <input type="checkbox"/> 06 Clay Lining <input type="checkbox"/> 07 Unlined <input checked="" type="checkbox"/> 08 Unknown <input type="checkbox"/> 09 Other: _____	
F. <input type="checkbox"/> 01 Polyethylene Wrap <input type="checkbox"/> 02 Vinyl Wrapping <input type="checkbox"/> 03 Cathodic Protection <input type="checkbox"/> 04 Unknown <input checked="" type="checkbox"/> 05 None <input type="checkbox"/> 06 Other: _____	

VI Piping

A. Associated Piping:	<input type="checkbox"/> 01 Above Ground	<input checked="" type="checkbox"/> 02 Underground	<input type="checkbox"/> 03 Vaulted
B. Underground Piping:	<input checked="" type="checkbox"/> 01 Gravity	<input type="checkbox"/> 02 Pressure	<input type="checkbox"/> 03 Suction <input type="checkbox"/> 04 Unknown
C. Piping Repairs:	<input checked="" type="checkbox"/> 01 None	<input type="checkbox"/> 02 Unknown	<input type="checkbox"/> 03 Yes, Year of most recent repair: _____

VII Leak Detection

<input type="checkbox"/> 01 Visual	<input type="checkbox"/> 02 Stock Inventory	<input type="checkbox"/> 03 Tile Drain	<input type="checkbox"/> 04 Vapor Sniff Wells	<input type="checkbox"/> 05 Sensor Instrument
<input checked="" type="checkbox"/> 06 Ground Water Monitoring Wells	<input type="checkbox"/> 07 Pressure Test	<input type="checkbox"/> 08 Internal Inspection	<input type="checkbox"/> 09 None	
<input type="checkbox"/> 10 Other: _____				

VIII Chemical Composition of Materials Currently or Previously Stored In Underground Containers

If you checked yes to IV-H you are not required to complete this section.

currently stored	previously stored	CAS # (if known)	Chemical Do Not Use Commercial Name (Use additional paper for more room)
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		

Is Container located on an Agricultural Farm? ☐ 01 Yes ☒ 02 No

IX IMPORTANT! Read instructions before signing:

Signature: The form must be signed by 1) a principal executive officer at the level of vice-president or by an authorized representative. The representative must be responsible for the overall operation of the facility where the tank(s) are located 2) a general partner proprietor, or 3) a principal executive officer, ranking elected official or authorized representative of a public agency.

This form has been completed under the penalty of perjury and, to the best of my knowledge, is true and correct.

Signature	Date
Printed Name G.W. Brucker	Title Vice-President & General Manager
	Phone w/area code (818) 765-1010

Days Name (last name first) and Phone w/area code	Nights Name (last name first) and Phone w/area code
---	---

COMPLETE THE FOLLOWING ON A SEPARATE FORM FOR EACH CONTAINER

IV Description

A. <input type="checkbox"/> 01 Tank <input checked="" type="checkbox"/> 02 Sump <input type="checkbox"/> 03 Lagoon, Pit or Pond <input type="checkbox"/> 04 Other: _____		Container Number (If there is no number assign one): 13
B. Manufacturer (if appropriate): <u>N.A.</u> Year of Mfg.: <u>N.A.</u>		C. Year Installed: <u>1941</u> <input type="checkbox"/> Unknown
D. Container Capacity: <u>3,000</u> gallons <input type="checkbox"/> Unknown	E. Container Repairs: <input checked="" type="checkbox"/> 01 None <input type="checkbox"/> 02 Unknown <input type="checkbox"/> 03 Yes Year: _____	
F. Is Container currently used? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No If No, year of last use: _____ <input type="checkbox"/> 03 Unknown		
G. Does the Container Store (Check One): <input checked="" type="checkbox"/> 01 Waste <input type="checkbox"/> 02 Product		
H. Does the Container Store Motor Vehicle Fuel or Waste Oil? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No If Yes, Check appropriate box(es): <input type="checkbox"/> 01 Unleaded <input type="checkbox"/> 02 Regular <input type="checkbox"/> 03 Premium <input type="checkbox"/> 04 Diesel <input checked="" type="checkbox"/> 05 Waste Oil <input type="checkbox"/> 06 Other (List): _____		

V Container Construction

A. Thickness of Primary Containment: <u>4</u> <input type="checkbox"/> Gauge <input checked="" type="checkbox"/> Inches <input type="checkbox"/> cm <input type="checkbox"/> Unknown	
B. <input type="checkbox"/> 01 Vaulted (Located in an underground Vault.) <input checked="" type="checkbox"/> 02 Non-vaulted <input type="checkbox"/> 03 Unknown	
C. <input type="checkbox"/> 01 Double Walled <input checked="" type="checkbox"/> 02 Single Walled <input type="checkbox"/> 03 Lined <input type="checkbox"/> 04 Wrapped <input type="checkbox"/> 05 Unknown <input type="checkbox"/> 06 None	
D. <input type="checkbox"/> 01 Carbon Steel <input type="checkbox"/> 02 Stainless Steel <input type="checkbox"/> 03 Fiberglass <input type="checkbox"/> 04 Polyvinyl Chloride <input checked="" type="checkbox"/> 05 Concrete <input type="checkbox"/> 06 Aluminum <input type="checkbox"/> 07 Steel Clad <input type="checkbox"/> 08 Bronze <input type="checkbox"/> 09 Composite <input type="checkbox"/> 10 Non-metallic <input type="checkbox"/> 11 Earthen Walls <input type="checkbox"/> 12 Unknown <input type="checkbox"/> 13 Other: _____	
E. <input type="checkbox"/> 01 Rubber Lined <input type="checkbox"/> 02 Alkyd Lining <input type="checkbox"/> 03 Epoxy Lining <input type="checkbox"/> 04 Phenolic Lining <input type="checkbox"/> 05 Glass Lining <input type="checkbox"/> 06 Clay Lining <input checked="" type="checkbox"/> 07 Unlined <input type="checkbox"/> 08 Unknown <input type="checkbox"/> 09 Other: _____	
F. <input type="checkbox"/> 01 Polyethylene Wrap <input type="checkbox"/> 02 Vinyl Wrapping <input type="checkbox"/> 03 Cathodic Protection <input type="checkbox"/> 04 Unknown <input checked="" type="checkbox"/> 05 None <input type="checkbox"/> 06 Other: _____	

VI Piping

A. Associated Piping:	<input type="checkbox"/> 01 Above Ground	<input type="checkbox"/> 02 Underground	<input type="checkbox"/> 03 Vaulted	NONE
B. Underground Piping:	<input type="checkbox"/> 01 Gravity	<input type="checkbox"/> 02 Pressure	<input type="checkbox"/> 03 Suction	<input type="checkbox"/> 04 Unknown
C. Piping Repairs:	<input type="checkbox"/> 01 None	<input type="checkbox"/> 02 Unknown	<input type="checkbox"/> 03 Yes, Year of most recent repair: _____	NONE

VII Leak Detection

<input type="checkbox"/> 01 Visual	<input type="checkbox"/> 02 Stock Inventory	<input type="checkbox"/> 03 Tile Drain	<input type="checkbox"/> 04 Vapor Sniff Wells	<input type="checkbox"/> 05 Sensor Instrument
<input checked="" type="checkbox"/> 06 Ground Water Monitoring Wells	<input type="checkbox"/> 07 Pressure Test	<input type="checkbox"/> 08 Internal Inspection	<input type="checkbox"/> 09 None	
<input type="checkbox"/> 10 Other: _____				

VIII Chemical Composition of Materials Currently or Previously Stored in Underground Containers

If you checked yes to IV-H you are not required to complete this section.

currently stored	previously stored	CAS # (if known)	Chemical Do Not Use Commercial Name (Use additional paper for more room)
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		

Is Container located on an Agricultural Farm? ☐ 01 Yes ☒ 02 No

IX IMPORTANT! Read instructions before signing:

Signature: The form must be signed by 1) a principal executive officer at the level of vice-president or by an authorized representative. The representative must be responsible for the overall operation of the facility where the tank(s) are located. 2) a general partner proprietor, or 3) a principal executive officer, ranking elected official or authorized representative of a public agency.

This form has been completed under the penalty of perjury and, to the best of my knowledge, is true and correct.

Signature		Date
Printed Name	Title	Phone w/area code
G. W. Brucker	Vice-President & General Manager	(818) 765-1010

Days: Name (last name first) and Phone w/area code

Nights: Name (last name first) and Phone w/area code

COMPLETE THE FOLLOWING ON A SEPARATE FORM FOR EACH CONTAINER

IV Description

A. <input checked="" type="checkbox"/> 01 Tank <input type="checkbox"/> 02 Sump <input type="checkbox"/> 03 Lagoon, Pit or Pond <input type="checkbox"/> 04 Other: _____		Container Number (If there is no number assign one) <u>14</u>
B. Manufacturer (if appropriate): <u>UNKNOWN</u> Year of Mfg.: _____		C. Year Installed: <u>1951</u> <input type="checkbox"/> Unknown
D. Container Capacity: <u>350</u> gallons <input type="checkbox"/> Unknown	E. Container Repairs: <input checked="" type="checkbox"/> 01 None <input type="checkbox"/> 02 Unknown <input type="checkbox"/> 03 Yes Year: _____	
F. Is Container currently used? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No If No, year of last use: _____ <input type="checkbox"/> 03 Unknown		
G. Does the Container Store (Check One): <input type="checkbox"/> 01 Waste <input checked="" type="checkbox"/> 02 Product		
H. Does the Container Store Motor Vehicle Fuel or Waste Oil? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No If Yes, Check appropriate box(es): <input type="checkbox"/> 01 Unleaded <input type="checkbox"/> 02 Regular <input type="checkbox"/> 03 Premium <input type="checkbox"/> 04 Diesel <input type="checkbox"/> 05 Waste Oil <input checked="" type="checkbox"/> 06 Other (List): <u>CUTTING FLUID</u>		

V Container Construction

A. Thickness of Primary Containment: <u>25</u> <input type="checkbox"/> Gauge <input checked="" type="checkbox"/> Inches <input type="checkbox"/> cm <input type="checkbox"/> Unknown	
B. <input checked="" type="checkbox"/> 01 Vaulted (Located in an underground Vault.) <input type="checkbox"/> 02 Non-vaulted <input type="checkbox"/> 03 Unknown	
C. <input type="checkbox"/> 01 Double Walled <input checked="" type="checkbox"/> 02 Single Walled <input type="checkbox"/> 03 Lined <input type="checkbox"/> 04 Wrapped <input type="checkbox"/> 05 Unknown <input type="checkbox"/> 06 None	
D. <input checked="" type="checkbox"/> 01 Carbon Steel <input type="checkbox"/> 02 Stainless Steel <input type="checkbox"/> 03 Fiberglass <input type="checkbox"/> 04 Polyvinyl Chloride <input type="checkbox"/> 05 Concrete <input type="checkbox"/> 06 Aluminum <input type="checkbox"/> 07 Steel Clad <input type="checkbox"/> 08 Bronze <input type="checkbox"/> 09 Composite <input type="checkbox"/> 10 Non-metallic <input type="checkbox"/> 11 Earthen Walls <input type="checkbox"/> 12 Unknown <input type="checkbox"/> 13 Other: _____	
E. <input type="checkbox"/> 01 Rubber Lined <input type="checkbox"/> 02 Alkyd Lining <input type="checkbox"/> 03 Epoxy Lining <input type="checkbox"/> 04 Phenolic Lining <input type="checkbox"/> 05 Glass Lining <input type="checkbox"/> 06 Clay Lining <input checked="" type="checkbox"/> 07 Unlined <input type="checkbox"/> 08 Unknown <input type="checkbox"/> 09 Other: _____	
F. <input type="checkbox"/> 01 Polyethylene Wrap <input type="checkbox"/> 02 Vinyl Wrapping <input type="checkbox"/> 03 Cathodic Protection <input type="checkbox"/> 04 Unknown <input checked="" type="checkbox"/> 05 None <input type="checkbox"/> 06 Other: _____	

VI Piping

A. Associated Piping:	<input checked="" type="checkbox"/> ₀₁ Above Ground	<input type="checkbox"/> ₀₂ Underground	<input type="checkbox"/> ₀₃ Vaulted
B. Underground Piping:	<input type="checkbox"/> ₀₁ Gravity	<input type="checkbox"/> ₀₂ Pressure	<input type="checkbox"/> ₀₃ Suction <input type="checkbox"/> ₀₄ Unknown
C. Piping Repairs:	<input checked="" type="checkbox"/> ₀₁ None	<input type="checkbox"/> ₀₂ Unknown	<input type="checkbox"/> ₀₃ Yes, Year of most recent repair: _____

VII Leak Detection

☒ 01 Visual ☐ 02 Stock Inventory ☐ 03 Tile Drain ☐ 04 Vapor Sniff Wells ☐ 05 Sensor Instrument

☐ 06 Ground Water Monitoring Wells ☐ 07 Pressure Test ☐ 08 Internal Inspection ☐ 09 None

☐ 10 Other: _____

VIII Chemical Composition of Materials *Currently* or *Previously* Stored in Underground Containers

If you checked yes to IV-H you are not required to complete this section.

[illegible]

Is Container located on an Agricultural Farm? ☐ 01 Yes ☒ 02 No

IX IMPORTANT! Read instructions before signing:

Signature: The form must be signed by 1) a principal executive officer at the level of vice-president or by an authorized representative. The representative must be responsible for the overall operation of the facility where the tank(s) are located. 2) a general partner proprietor, or 3) a principal executive officer, ranking elected official or authorized representative of a public agency

This form has been completed under the penalty of perjury and, to the best of my knowledge, is true and correct.

Signature		Date
Printed Name G. W. Brucker	Title Vice-President & General Manager	Phone w/area code (818) 765-1010

Days: Name (last name first) and Phone w/area code	Nights: Name (last name first) and Phone w/area code
--	--

COMPLETE THE FOLLOWING ON A SEPARATE FORM FOR EACH CONTAINER

IV Description

SPILL CONTAINMENT

A. <input type="checkbox"/> 01 Tank <input type="checkbox"/> 02 Sump <input type="checkbox"/> 03 Lagoon, Pit or Pond <input checked="" type="checkbox"/> 04 Other: <u>CATCH BASIN</u>		Container Number (if there is no number assign one): <u>15</u>
B. Manufacturer (if appropriate): _____ Year of Mfg: _____		C. Year Installed: <u>1981</u> <input type="checkbox"/> Unknown
D. Container Capacity: <u>16.8</u> gallons <input type="checkbox"/> Unknown	E. Container Repairs: <input checked="" type="checkbox"/> 01 None <input type="checkbox"/> 02 Unknown <input type="checkbox"/> 03 Yes Year: _____	
F. Is Container currently used? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No If No, year of last use: _____ <input type="checkbox"/> 03 Unknown		
G. Does the Container Store (Check One): <input checked="" type="checkbox"/> 01 Waste <input type="checkbox"/> 02 Product		
H. Does the Container Store Motor Vehicle Fuel or Waste Oil? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No If Yes, Check appropriate box(es): <input type="checkbox"/> 01 Unleaded <input type="checkbox"/> 02 Regular <input type="checkbox"/> 03 Premium <input type="checkbox"/> 04 Diesel <input checked="" type="checkbox"/> 05 Waste Oil <input type="checkbox"/> 06 Other (List): _____		

V Container Construction

A. Thickness of Primary Containment: <u>3</u> <input type="checkbox"/> Gauge <input checked="" type="checkbox"/> Inches <input type="checkbox"/> cm <input type="checkbox"/> Unknown	
B. <input type="checkbox"/> 01 Vaulted (Located in an underground Vault.) <input checked="" type="checkbox"/> 02 Non-vaulted <input type="checkbox"/> 03 Unknown	
C. <input type="checkbox"/> 01 Double Walled <input checked="" type="checkbox"/> 02 Single Walled <input type="checkbox"/> 03 Lined <input type="checkbox"/> 04 Wrapped <input type="checkbox"/> 05 Unknown <input type="checkbox"/> 06 None	
D. <input type="checkbox"/> 01 Carbon Steel <input type="checkbox"/> 02 Stainless Steel <input type="checkbox"/> 03 Fiberglass <input type="checkbox"/> 04 Polyvinyl Chloride <input checked="" type="checkbox"/> 05 Concrete <input type="checkbox"/> 06 Aluminum <input type="checkbox"/> 07 Steel Clad <input type="checkbox"/> 08 Bronze <input type="checkbox"/> 09 Composite <input type="checkbox"/> 10 Non-metallic <input type="checkbox"/> 11 Earthen Walls <input type="checkbox"/> 12 Unknown <input type="checkbox"/> 13 Other: _____	
E. <input type="checkbox"/> 01 Rubber Lined <input type="checkbox"/> 02 Alkyd Lining <input type="checkbox"/> 03 Epoxy Lining <input type="checkbox"/> 04 Phenolic Lining <input type="checkbox"/> 05 Glass Lining <input type="checkbox"/> 06 Clay Lining <input checked="" type="checkbox"/> 07 Unlined <input type="checkbox"/> 08 Unknown <input type="checkbox"/> 09 Other: _____	
F. <input type="checkbox"/> 01 Polyethylene Wrap <input type="checkbox"/> 02 Vinyl Wrapping <input type="checkbox"/> 03 Cathodic Protection <input type="checkbox"/> 04 Unknown <input checked="" type="checkbox"/> 05 None <input type="checkbox"/> 06 Other: _____	

VI Piping

A. Associated Piping:	<input type="checkbox"/> 01 Above Ground	<input type="checkbox"/> 02 Underground	<input type="checkbox"/> 03 Vaulted	NONE
B. Underground Piping:	<input type="checkbox"/> 01 Gravity	<input type="checkbox"/> 02 Pressure	<input type="checkbox"/> 03 Suction	<input type="checkbox"/> 04 Unknown
C. Piping Repairs:	<input type="checkbox"/> 01 None	<input type="checkbox"/> 02 Unknown	<input type="checkbox"/> 03 Yes, Year of most recent repair:	NA

VII Leak Detection

<input checked="" type="checkbox"/> 01 Visual	<input type="checkbox"/> 02 Stock Inventory	<input type="checkbox"/> 03 Tile Drain	<input type="checkbox"/> 04 Vapor Sniff Wells	<input type="checkbox"/> 05 Sensor Instrument
<input type="checkbox"/> 06 Ground Water Monitoring Wells	<input type="checkbox"/> 07 Pressure Test	<input checked="" type="checkbox"/> 08 Internal Inspection	<input type="checkbox"/> 09 None	
<input type="checkbox"/> 10 Other: _____				

VIII Chemical Composition of Materials *Currently or Previously* Stored in Underground Containers

If you checked yes to IV-H you are not required to complete this section.

currently stored	previously stored	CAS # (If known)	Chemical Do Not Use Commercial Name (Use additional paper for more room)
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		

Is Container located on an Agricultural Farm? ☐ 01 Yes ☒ 02 No

IX IMPORTANT! Read instructions before signing:

Signature: The form must be signed by 1) a principal executive officer at the level of vice-president or by an authorized representative. The representative must be responsible for the overall operation of the facility where the tank(s) are located. 2) a general partner proprietor, or 3) a principal executive officer, ranking elected official or authorized representative of a public agency.

This form has been completed under the penalty of perjury and, to the best of my knowledge, is true and correct.

Signature		Date
Printed Name	Title	Phone w/area code
G. W. Brucker	Vice-President & General Manager	(818) 765-1010

Days Name (last name first) and Phone w/area code

Nights Name (last name first) and Phone w/area code

COMPLETE THE FOLLOWING ON A SEPARATE FORM FOR EACH CONTAINER

IV Description

A. <input type="checkbox"/> 01 Tank <input type="checkbox"/> 02 Sump <input type="checkbox"/> 03 Lagoon, Pit or Pond <input checked="" type="checkbox"/> 04 Other: <u>CATCH BASIN</u>		Container Number (if there is no number assign one): <u>16</u>
B. Manufacturer (if appropriate): _____ Year of Mfg.: <u>1980</u>		C. Year Installed: <u>1980</u> <input type="checkbox"/> Unknown
D. Container Capacity: <u>0</u> gallons <input type="checkbox"/> Unknown	E. Container Repairs: <input checked="" type="checkbox"/> 01 None <input type="checkbox"/> 02 Unknown <input type="checkbox"/> 03 Yes Year: _____	
F. Is Container currently used? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No If No, year of last use: _____ <input type="checkbox"/> 03 Unknown		
G. Does the Container Store (Check One): <input checked="" type="checkbox"/> 01 Waste <input type="checkbox"/> 02 Product		
H. Does the Container Store Motor Vehicle Fuel or Waste Oil? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No If Yes, Check appropriate box(es): <input type="checkbox"/> 01 Unleaded <input type="checkbox"/> 02 Regular <input type="checkbox"/> 03 Premium <input type="checkbox"/> 04 Diesel <input type="checkbox"/> 05 Waste Oil <input type="checkbox"/> 06 Other (List): <u>NO STANDING FLUIDS</u>		

V Container Construction

A. Thickness of Primary Containment: <u>4</u> <input type="checkbox"/> Gauge <input checked="" type="checkbox"/> Inches <input type="checkbox"/> cm <input type="checkbox"/> Unknown	
B. <input type="checkbox"/> 01 Vaulted (Located in an underground Vault.) <input checked="" type="checkbox"/> 02 Non-vaulted <input type="checkbox"/> 03 Unknown	
C. <input type="checkbox"/> 01 Double Walled <input checked="" type="checkbox"/> 02 Single Walled <input type="checkbox"/> 03 Lined <input type="checkbox"/> 04 Wrapped <input type="checkbox"/> 05 Unknown <input type="checkbox"/> 06 None	
D. <input type="checkbox"/> 01 Carbon Steel <input type="checkbox"/> 02 Stainless Steel <input type="checkbox"/> 03 Fiberglass <input type="checkbox"/> 04 Polyvinyl Chloride <input checked="" type="checkbox"/> 05 Concrete <input type="checkbox"/> 06 Aluminum <input type="checkbox"/> 07 Steel Clad <input type="checkbox"/> 08 Bronze <input type="checkbox"/> 09 Composite <input type="checkbox"/> 10 Non-metallic <input type="checkbox"/> 11 Earthen Walls <input type="checkbox"/> 12 Unknown <input type="checkbox"/> 13 Other: _____	
E. <input type="checkbox"/> 01 Rubber Lined <input type="checkbox"/> 02 Alkyd Lining <input type="checkbox"/> 03 Epoxy Lining <input type="checkbox"/> 04 Phenolic Lining <input type="checkbox"/> 05 Glass Lining <input type="checkbox"/> 06 Clay Lining <input checked="" type="checkbox"/> 07 Unlined <input type="checkbox"/> 08 Unknown <input type="checkbox"/> 09 Other: _____	
F. <input type="checkbox"/> 01 Polyethylene Wrap <input type="checkbox"/> 02 Vinyl Wrapping <input type="checkbox"/> 03 Cathodic Protection <input type="checkbox"/> 04 Unknown <input checked="" type="checkbox"/> 05 None <input type="checkbox"/> 06 Other: _____	

VI Piping

A. Associated Piping:	<input type="checkbox"/> 01 Above Ground	<input checked="" type="checkbox"/> 02 Underground	<input type="checkbox"/> 03 Vaulted
B. Underground Piping:	<input checked="" type="checkbox"/> 01 Gravity	<input type="checkbox"/> 02 Pressure	<input type="checkbox"/> 03 Suction <input type="checkbox"/> 04 Unknown
C. Piping Repairs:	<input checked="" type="checkbox"/> 01 None	<input type="checkbox"/> 02 Unknown	<input type="checkbox"/> 03 Yes, Year of most recent repair: _____

VII Leak Detection

<input checked="" type="checkbox"/> 01 Visual	<input type="checkbox"/> 02 Stock Inventory	<input type="checkbox"/> 03 Tile Drain	<input type="checkbox"/> 04 Vapor Sniff Wells	<input type="checkbox"/> 05 Sensor Instrument
<input type="checkbox"/> 06 Ground Water Monitoring Wells	<input type="checkbox"/> 07 Pressure Test	<input checked="" type="checkbox"/> 08 Internal Inspection	<input type="checkbox"/> 09 None	
<input type="checkbox"/> 10 Other: _____				

VIII Chemical Composition of Materials Currently or Previously Stored in Underground Containers

If you checked yes to IV-H you are not required to complete this section.

currently stored	previously stored	CAS # (if known)	Chemical Do Not Use Commercial Name (Use additional paper for more room)
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		

Is Container located on an Agricultural Farm?	<input type="checkbox"/> 01 Yes	<input checked="" type="checkbox"/> 02 No
---	---------------------------------	---

IX IMPORTANT! Read instructions before signing:

Signature: The form must be signed by 1) a principal executive officer at the level of vice-president or by an authorized representative. The representative must be responsible for the overall operation of the facility where the tank(s) are located, 2) a general partner proprietor, or 3) a principal executive officer, ranking elected official or authorized representative of a public agency.

This form has been completed under the penalty of perjury and, to the best of my knowledge, is true and correct.

Signature	Date
Printed Name G.W. Brucker	Title Vice- President General Manager Phone w/area code (818) 765-1010

Days Name (last name first) and Phone w/area code	Nights Name (last name first) and Phone w/area code
---	---

COMPLETE THE FOLLOWING ON A SEPARATE FORM FOR EACH CONTAINER

IV Description

A. <input checked="" type="checkbox"/> Tank <input type="checkbox"/> Sump <input type="checkbox"/> Lagoon, Pit or Pond <input type="checkbox"/> Other: _____		Container Number (If there is no number assign one) <div align="center">17</div>
B. Manufacturer (if appropriate): <u>NATCO</u> Year of Mfg.: <u>1968</u>		C. Year Installed: <u>1968</u> <input type="checkbox"/> Unknown
D. Container Capacity: <u>400</u> gallons <input type="checkbox"/> Unknown	E. Container Repairs: <input checked="" type="checkbox"/> None <input type="checkbox"/> Unknown <input type="checkbox"/> Yes Year: _____	
F. Is Container currently used? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No, year of last use: _____ <input type="checkbox"/> Unknown		
G. Does the Container Store (Check One): <input type="checkbox"/> Waste <input checked="" type="checkbox"/> Product		
H. Does the Container Store Motor Vehicle Fuel or Waste Oil? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Check appropriate box(es): <input type="checkbox"/> Unleaded <input type="checkbox"/> Regular <input type="checkbox"/> Premium <input type="checkbox"/> Diesel <input type="checkbox"/> Waste Oil <input checked="" type="checkbox"/> Other (List): <u>CUTTING FLUID</u>		

V Container Construction

A. Thickness of Primary Containment: <u>.125</u> <input type="checkbox"/> Gauge <input checked="" type="checkbox"/> Inches <input type="checkbox"/> cm <input type="checkbox"/> Unknown	
B. <input checked="" type="checkbox"/> Vaulted (Located in an underground Vault.) <input type="checkbox"/> Non-vaulted <input type="checkbox"/> Unknown	
C. <input type="checkbox"/> Double Walled <input checked="" type="checkbox"/> Single Walled <input type="checkbox"/> Lined <input type="checkbox"/> Wrapped <input type="checkbox"/> Unknown <input type="checkbox"/> None	
D. <input checked="" type="checkbox"/> Carbon Steel <input type="checkbox"/> Stainless Steel <input type="checkbox"/> Fiberglass <input type="checkbox"/> Polyvinyl Chloride <input type="checkbox"/> Concrete <input type="checkbox"/> Aluminum <input type="checkbox"/> Steel Clad <input type="checkbox"/> Bronze <input type="checkbox"/> Composite <input type="checkbox"/> Non-metallic <input type="checkbox"/> Earthen Walls <input type="checkbox"/> Unknown <input type="checkbox"/> Other: _____	
E. <input type="checkbox"/> Rubber Lined <input type="checkbox"/> Alkyd Lining <input type="checkbox"/> Epoxy Lining <input type="checkbox"/> Phenolic Lining <input type="checkbox"/> Glass Lining <input type="checkbox"/> Clay Lining <input checked="" type="checkbox"/> Unlined <input type="checkbox"/> Unknown <input type="checkbox"/> Other: _____	
F. <input type="checkbox"/> Polyethylene Wrap <input type="checkbox"/> Vinyl Wrapping <input type="checkbox"/> Cathodic Protection <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> None <input type="checkbox"/> Other: _____	

VI Piping

A. Associated Piping:	<input type="checkbox"/> 01 Above Ground	<input type="checkbox"/> 02 Underground	<input checked="" type="checkbox"/> 03 Vaulted
B. Underground Piping:	<input type="checkbox"/> 01 Gravity	<input type="checkbox"/> 02 Pressure	<input type="checkbox"/> 03 Suction <input type="checkbox"/> 04 Unknown
C. Piping Repairs:	<input checked="" type="checkbox"/> 01 None	<input type="checkbox"/> 02 Unknown	<input type="checkbox"/> 03 Yes, Year of most recent repair: _____

VII Leak Detection

<input checked="" type="checkbox"/> 01 Visual	<input type="checkbox"/> 02 Stock Inventory	<input type="checkbox"/> 03 Tile Drain	<input type="checkbox"/> 04 Vapor Sniff Wells	<input type="checkbox"/> 05 Sensor Instrument
<input type="checkbox"/> 06 Ground Water Monitoring Wells	<input type="checkbox"/> 07 Pressure Test	<input checked="" type="checkbox"/> 08 Internal Inspection	<input type="checkbox"/> 09 None	
<input type="checkbox"/> 10 Other: _____				

VIII Chemical Composition of Materials Currently or Previously Stored in Underground Containers

If you checked yes to IV-H you are not required to complete this section.

currently stored	previously stored	CAS # (if known)	Chemical Do Not Use Commercial Name (Use additional paper for more room)
<input checked="" type="checkbox"/> 01	<input type="checkbox"/> 02		HYDROCARBON BLEND
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		

Is Container located on an Agricultural Farm? ☐ 01 Yes ☒ 02 No

IX IMPORTANT! Read instructions before signing:

Signature: The form must be signed by 1) a principal executive officer at the level of vice-president or by an authorized representative. The representative must be responsible for the overall operation of the facility where the tank(s) are located 2) a general partner proprietor, or 3) a principal executive officer, ranking elected official or authorized representative of a public agency
This form has been completed under the penalty of perjury and, to the best of my knowledge, is true and correct.

Signature		Date
Printed Name G. W. Brucker	Title Vice-President & General Manager	Phone w/area code (818) 765-1010

Days Name (last name first) and Phone w/area code	Nights Name (last name first) and Phone w/area code
---	---

COMPLETE THE FOLLOWING ON A SEPARATE FORM FOR EACH CONTAINER

IV Description

A. <input checked="" type="checkbox"/> 01 Tank <input type="checkbox"/> 02 Sump <input type="checkbox"/> 03 Lagoon, Pit or Pond <input type="checkbox"/> 04 Other: _____		Container Number (if there is no number assign one): 18
B. Manufacturer (if appropriate): <u>BARON</u> Year of Mfg.: <u>1967</u> <u>BLAKESLEE</u>		C. Year Installed: <u>1967</u> <input type="checkbox"/> Unknown
D. Container Capacity: <u>150</u> gallons <input type="checkbox"/> Unknown	E. Container Repairs: <input checked="" type="checkbox"/> 01 None <input type="checkbox"/> 02 Unknown <input type="checkbox"/> 03 Yes Year: _____	
F. Is Container currently used? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No If No, year of last use: _____ <input type="checkbox"/> 03 Unknown		
G. Does the Container Store (Check One): <input type="checkbox"/> 01 Waste <input checked="" type="checkbox"/> 02 Product		
H. Does the Container Store Motor Vehicle Fuel or Waste Oil? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No If Yes, Check appropriate box(es): <input type="checkbox"/> 01 Unleaded <input type="checkbox"/> 02 Regular <input type="checkbox"/> 03 Premium <input type="checkbox"/> 04 Diesel <input type="checkbox"/> 05 Waste Oil <input type="checkbox"/> 06 Other (List): _____		

V Container Construction

A. Thickness of Primary Containment: <u>25</u> <input type="checkbox"/> Gauge <input checked="" type="checkbox"/> Inches <input type="checkbox"/> cm <input type="checkbox"/> Unknown	
B. <input checked="" type="checkbox"/> 01 Vaulted (Located in an underground Vault.) <input type="checkbox"/> 02 Non-vaulted <input type="checkbox"/> 03 Unknown	
C. <input type="checkbox"/> 01 Double Walled <input checked="" type="checkbox"/> 02 Single Walled <input type="checkbox"/> 03 Lined <input type="checkbox"/> 04 Wrapped <input type="checkbox"/> 05 Unknown <input type="checkbox"/> 06 None	
D. <input checked="" type="checkbox"/> 01 Carbon Steel <input type="checkbox"/> 02 Stainless Steel <input type="checkbox"/> 03 Fiberglass <input type="checkbox"/> 04 Polyvinyl Chloride <input type="checkbox"/> 05 Concrete <input type="checkbox"/> 06 Aluminum <input type="checkbox"/> 07 Steel Clad <input type="checkbox"/> 08 Bronze <input type="checkbox"/> 09 Composite <input type="checkbox"/> 10 Non-metallic <input type="checkbox"/> 11 Earthen Walls <input type="checkbox"/> 12 Unknown <input type="checkbox"/> 13 Other: _____	
E. <input type="checkbox"/> 01 Rubber Lined <input type="checkbox"/> 02 Alkyd Lining <input type="checkbox"/> 03 Epoxy Lining <input type="checkbox"/> 04 Phenolic Lining <input type="checkbox"/> 05 Glass Lining <input type="checkbox"/> 06 Clay Lining <input checked="" type="checkbox"/> 07 Unlined <input type="checkbox"/> 08 Unknown <input type="checkbox"/> 09 Other: _____	
F. <input type="checkbox"/> 01 Polyethylene Wrap <input type="checkbox"/> 02 Vinyl Wrapping <input type="checkbox"/> 03 Cathodic Protection <input type="checkbox"/> 04 Unknown <input checked="" type="checkbox"/> 05 None <input type="checkbox"/> 06 Other: _____	

VI Piping

A. Associated Piping:	<input type="checkbox"/> 01 Above Ground	<input type="checkbox"/> 02 Underground	<input checked="" type="checkbox"/> 03 Vaulted
B. Underground Piping:	<input type="checkbox"/> 01 Gravity	<input type="checkbox"/> 02 Pressure	<input type="checkbox"/> 03 Suction <input type="checkbox"/> 04 Unknown
C. Piping Repairs:	<input checked="" type="checkbox"/> 01 None	<input type="checkbox"/> 02 Unknown	<input type="checkbox"/> 03 Yes, Year of most recent repair: _____

VII Leak Detection

<input checked="" type="checkbox"/> 01 Visual	<input type="checkbox"/> 02 Stock Inventory	<input type="checkbox"/> 03 Tile Drain	<input type="checkbox"/> 04 Vapor Sniff Wells	<input type="checkbox"/> 05 Sensor Instrument
<input type="checkbox"/> 06 Ground Water Monitoring Wells	<input type="checkbox"/> 07 Pressure Test	<input type="checkbox"/> 08 Internal Inspection	<input type="checkbox"/> 09 None	
<input type="checkbox"/> 10 Other: _____				

VIII Chemical Composition of Materials Currently or Previously Stored in Underground Containers

If you checked yes to IV-H you are not required to complete this section.

currently stored	previously stored	CAS # (if known)	Chemical Do Not Use Commercial Name (Use additional paper for more room)
<input checked="" type="checkbox"/> 01	<input type="checkbox"/> 02		CHLORINATED SOLVENT
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		

Is Container located on an Agricultural Farm? ☐ 01 Yes ☒ 02 No

IX IMPORTANT! Read instructions before signing:

Signature: The form must be signed by 1) a principal executive officer at the level of vice-president or by an authorized representative. The representative must be responsible for the overall operation of the facility where the tank(s) are located 2) a general partner proprietor, or 3) a principal executive officer, ranking elected official or authorized representative of a public agency.

This form has been completed under the penalty of perjury and, to the best of my knowledge, is true and correct.

Signature		Date
Printed Name G. W. Brucker	Title Vice-President & General Manager	Phone w/area code (818) 765-1010

Days Name (last name first) and Phone w/area code	Nights Name (last name first) and Phone w/area code
---	---

COMPLETE THE FOLLOWING ON A SEPARATE FORM FOR EACH CONTAINER

IV Description

A <input type="checkbox"/> 01 Tank <input type="checkbox"/> 02 Sump <input type="checkbox"/> 03 Lagoon, Pit or Pond <input checked="" type="checkbox"/> 04 Other: <u>SPILL CONTAINMENT TANK (DRY)</u>		Container Number (if there is no number assign one): <u>12</u>
B. Manufacturer (if appropriate): <u>RYAN HERCO</u> Year of Mfg: <u>1982</u>		C. Year Installed: <u>1982</u> <input type="checkbox"/> Unknown
D Container Capacity: <u>550</u> gallons <input type="checkbox"/> Unknown	E. Container Repairs: <input checked="" type="checkbox"/> 01 None <input type="checkbox"/> 02 Unknown <input type="checkbox"/> 03 Yes Year: _____	
F. Is Container currently used? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No If No, year of last use: _____ <input type="checkbox"/> 03 Unknown		
G. Does the Container Store (Check One): <input type="checkbox"/> 01 Waste <input type="checkbox"/> 02 Product <u>NO MATERIAL STORED</u>		
H. Does the Container Store Motor Vehicle Fuel or Waste Oil? <input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No If Yes, Check appropriate box(es): <input type="checkbox"/> 01 Unleaded <input type="checkbox"/> 02 Regular <input type="checkbox"/> 03 Premium <input type="checkbox"/> 04 Diesel <input type="checkbox"/> 05 Waste Oil <input checked="" type="checkbox"/> 06 Other (List): <u>TANK IS DRY</u>		

V Container Construction

A. Thickness of Primary Containment: <u>25</u> <input type="checkbox"/> Gauge <input checked="" type="checkbox"/> Inches <input type="checkbox"/> cm <input type="checkbox"/> Unknown	
B. <input type="checkbox"/> 01 Vaulted (Located in an underground Vault.) <input checked="" type="checkbox"/> 02 Non-vaulted <input type="checkbox"/> 03 Unknown	
C. <input type="checkbox"/> 01 Double Walled <input checked="" type="checkbox"/> 02 Single Walled <input type="checkbox"/> 03 Lined <input type="checkbox"/> 04 Wrapped <input type="checkbox"/> 05 Unknown <input type="checkbox"/> 06 None	
D <input type="checkbox"/> 01 Carbon Steel <input type="checkbox"/> 02 Stainless Steel <input checked="" type="checkbox"/> 03 Fiberglass <input type="checkbox"/> 04 Polyvinyl Chloride <input type="checkbox"/> 05 Concrete <input type="checkbox"/> 06 Aluminum <input type="checkbox"/> 07 Steel Clad <input type="checkbox"/> 08 Bronze <input type="checkbox"/> 09 Composite <input type="checkbox"/> 10 Non-metallic <input type="checkbox"/> 11 Earthen Walls <input type="checkbox"/> 12 Unknown <input type="checkbox"/> 13 Other: _____	
E <input type="checkbox"/> 01 Rubber Lined <input type="checkbox"/> 02 Alkyd Lining <input type="checkbox"/> 03 Epoxy Lining <input type="checkbox"/> 04 Phenolic Lining <input checked="" type="checkbox"/> 05 Glass Lining <input type="checkbox"/> 06 Clay Lining <input type="checkbox"/> 07 Unlined <input type="checkbox"/> 08 Unknown <input type="checkbox"/> 09 Other: _____	
F <input type="checkbox"/> 01 Polyethylene Wrap <input type="checkbox"/> 02 Vinyl Wrapping <input type="checkbox"/> 03 Cathodic Protection <input type="checkbox"/> 04 Unknown <input checked="" type="checkbox"/> 05 None <input type="checkbox"/> 06 Other: _____	

VI Piping

A. Associated Piping:	<input checked="" type="checkbox"/> Above Ground	<input type="checkbox"/> Underground	<input type="checkbox"/> Vaulted	
B. Underground Piping:	<input type="checkbox"/> Gravity	<input type="checkbox"/> Pressure	<input type="checkbox"/> Suction	<input type="checkbox"/> Unknown
C. Piping Repairs:	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Unknown	<input type="checkbox"/> Yes, Year of most recent repair: _____	

VII Leak Detection

<input type="checkbox"/> Visual	<input type="checkbox"/> Stock Inventory	<input type="checkbox"/> Tile Drain	<input type="checkbox"/> Vapor Sniff Wells	<input type="checkbox"/> Sensor Instrument
<input type="checkbox"/> Ground Water Monitoring Wells	<input type="checkbox"/> Pressure Test	<input type="checkbox"/> Internal Inspection	<input type="checkbox"/> None	
<input checked="" type="checkbox"/> Other: <u>TANK HAS NEVER CONTAINED ANY MATERIAL</u>				

VIII Chemical Composition of Materials Currently or Previously Stored in Underground Containers

If you checked yes to IV-H you are not required to complete this section.

currently stored	previously stored	CAS # (if known)	Chemical Do Not Use Commercial Name (Use additional paper for more room)
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		

Is Container located on an Agricultural Farm? ☐ Yes ☒ No

IX IMPORTANT! Read instructions before signing:

Signature: The form must be signed by 1) a principal executive officer at the level of vice-president or by an authorized representative. The representative must be responsible for the overall operation of the facility where the tank(s) are located 2) a general partner proprietor, or 3) a principal executive officer, ranking elected official or authorized representative of a public agency.
This form has been completed under the penalty of perjury and, to the best of my knowledge, is true and correct.

Signature		Date
Printed Name	Title	Phone w/area code
G. W. Brucker	Vice-President & General Manager	(818) 765-1010

Days Name (last name first) and Phone w/area code

Nights Name (last name first) and Phone w/area code

COMPLETE THE FOLLOWING ON A SEPARATE FORM FOR EACH CONTAINER

IV Description

A. <input type="checkbox"/> 01 Tank <input type="checkbox"/> 02 Sump <input type="checkbox"/> 03 Lagoon, Pit or Pond <input checked="" type="checkbox"/> 04 Other: <u>SPILL CONTAINMENT TANK (DRY)</u>		Container Number (if there is no number assign one) <u>12</u>
B. Manufacturer (if appropriate): <u>RYAN HERCO</u> Year of Mfg.: <u>1982</u>		C. Year Installed: <u>1982</u> <input type="checkbox"/> Unknown
D. Container Capacity: <u>550</u> gallons <input type="checkbox"/> Unknown	E. Container Repairs: <input checked="" type="checkbox"/> 01 None <input type="checkbox"/> 02 Unknown <input type="checkbox"/> 03 Yes Year: _____	
F. Is Container currently used? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No If No, year of last use: _____ <input type="checkbox"/> 03 Unknown		
G. Does the Container Store (Check One): <input type="checkbox"/> 01 Waste <input type="checkbox"/> 02 Product <u>NO MATERIAL STORED</u>		
H. Does the Container Store Motor Vehicle Fuel or Waste Oil? <input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No If Yes, Check appropriate box(es): <input type="checkbox"/> 01 Unleaded <input type="checkbox"/> 02 Regular <input type="checkbox"/> 03 Premium <input type="checkbox"/> 04 Diesel <input type="checkbox"/> 05 Waste Oil <input checked="" type="checkbox"/> 06 Other (List): <u>TANK IS DRY</u>		

V Container Construction

A. Thickness of Primary Containment: <u>25</u> <input type="checkbox"/> Gauge <input checked="" type="checkbox"/> inches <input type="checkbox"/> cm <input type="checkbox"/> Unknown	
B. <input type="checkbox"/> 01 Vaulted (Located in an underground Vault.) <input checked="" type="checkbox"/> 02 Non-vaulted <input type="checkbox"/> 03 Unknown	
C. <input type="checkbox"/> 01 Double Walled <input checked="" type="checkbox"/> 02 Single Walled <input type="checkbox"/> 03 Lined <input type="checkbox"/> 04 Wrapped <input type="checkbox"/> 05 Unknown <input type="checkbox"/> 06 None	
D. <input type="checkbox"/> 01 Carbon Steel <input type="checkbox"/> 02 Stainless Steel <input checked="" type="checkbox"/> 03 Fiberglass <input type="checkbox"/> 04 Polyvinyl Chloride <input type="checkbox"/> 05 Concrete <input type="checkbox"/> 06 Aluminum <input type="checkbox"/> 07 Steel Clad <input type="checkbox"/> 08 Bronze <input type="checkbox"/> 09 Composite <input type="checkbox"/> 10 Non-metallic <input type="checkbox"/> 11 Earthen Walls <input type="checkbox"/> 12 Unknown <input type="checkbox"/> 13 Other: _____	
E. <input type="checkbox"/> 01 Rubber Lined <input type="checkbox"/> 02 Alkyd Lining <input type="checkbox"/> 03 Epoxy Lining <input type="checkbox"/> 04 Phenolic Lining <input checked="" type="checkbox"/> 05 Glass Lining <input type="checkbox"/> 06 Clay Lining <input type="checkbox"/> 07 Unlined <input type="checkbox"/> 08 Unknown <input type="checkbox"/> 09 Other: _____	
F. <input type="checkbox"/> 01 Polyethylene Wrap <input type="checkbox"/> 02 Vinyl Wrapping <input type="checkbox"/> 03 Cathodic Protection <input type="checkbox"/> 04 Unknown <input checked="" type="checkbox"/> 05 None <input type="checkbox"/> 06 Other: _____	

VI Piping

A. Associated Piping:	<input checked="" type="checkbox"/> Above Ground	<input type="checkbox"/> Underground	<input type="checkbox"/> Vaulted	
B. Underground Piping:	<input type="checkbox"/> Gravity	<input type="checkbox"/> Pressure	<input type="checkbox"/> Suction	<input type="checkbox"/> Unknown
C. Piping Repairs:	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Unknown	<input type="checkbox"/> Yes, Year of most recent repair: _____	

VII Leak Detection

<input type="checkbox"/> Visual	<input type="checkbox"/> Stock Inventory	<input type="checkbox"/> Tile Drain	<input type="checkbox"/> Vapor Sniff Wells	<input type="checkbox"/> Sensor Instrument
<input type="checkbox"/> Ground Water Monitoring Wells	<input type="checkbox"/> Pressure Test	<input type="checkbox"/> Internal Inspection	<input type="checkbox"/> None	
<input checked="" type="checkbox"/> Other: <u>TANK HAS NEVER CONTAINED ANY MATERIAL</u>				

VIII Chemical Composition of Materials Currently or Previously Stored In Underground Containers

If you checked yes to IV-H you are not required to complete this section.

currently stored	previously stored	CAS # (if known)	Chemical Do Not Use Commercial Name (Use additional paper for more room)
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		

Is Container located on an Agricultural Farm? ☐ Yes ☒ No

IX IMPORTANT! Read instructions before signing:

Signature: The form must be signed by 1) a principal executive officer at the level of vice-president or by an authorized representative. The representative must be responsible for the overall operation of the facility where the tank(s) are located 2) a general partner proprietor, or 3) a principal executive officer, ranking elected official or authorized representative of a public agency

This form has been completed under the penalty of perjury and, to the best of my knowledge, is true and correct.

Signature		Date
Printed Name	Title	Phone w/area code
G. W. Brucker	Vice-President & General Manager	(818) 765-1010

ATTACHMENT D



ENVIRONMENTAL ACTIVITY LAST TWO YEARS.

- 8/28/84 REGISTERED THIRTEEN (13) UNDERGROUND TANKS WITH STATE OF CALIFORNIA.
- 9/23/84 ADDED TWO (2) TANKS TO REGISTRATION PROGRAM PER REVISED GUIDELINES.
- 5/24/84 HIRED CONSULTANT AND SUBMITTED BACKGROUND STUDY & PROPOSAL TO CALIF. WATER QUALITY BOARD FOR UNDERGROUND TANK LEAK DETECTION PROGRAM.
- 10/15/84 BORED THREE (3) MONITORING WELLS TO DEPTH OF 40 FT. AND TESTED SOILS. SUBMITTED DATA TO WATER QUALITY BOARD.
- 1/23/85 EXCAVATED FOUR (4) GASOLINE & SOLVENT STORAGE TANKS. TESTED SOILS, BACK FILLED, COMPACTED & REPAVED WITH APPROVAL OF WATER QUALITY BOARD. TANKS 2, 3, 4 & 5.
- CLOSED & FILLED CESSPOOL AT GUARDHOUSE. TANK #1. CONNECTED GUARDHOUSE TO SEWER UNDER CITY OF LOS ANGELES PERMIT.
- 4/30/85 EXCAVATED WASTE OIL TANK AT PLANT 2 AND VISIBLE CONTAMINATED SOIL.
- 6/24/85 BORED TEST HOLE AT TANK #11 LOCATION, TESTED SOILS AND SUBMITTED DATA TO WATER QUALITY BOARD.
- 7/31/85 EXCAVATED ADDITIONAL SOILS. BACK FILLED, COMPACTED & REPAVED PER AUTHORIZATION



- 10/8/85 EXCAVATED WASTE OIL TANK IN STORAGE YARD. TANK #13. REMOVE CONTAMINATED SOIL TO DEPTH OF 15 FEET.
- 7/10/86 BORED TEST HOLES TO 60 FEET AND SUBMITTED DATA TO WATER QUALITY BOARD.
- 12/2/86 REMOVED CHEMICALS FROM PLATING DEPT TANKS & MANIFESTED TO APPROVED DUMP SITE STORED FOR REUSE LATER.
- 12/20/86 REMOVED PLATING TANKS & MANIFESTED TO APPROVED DUMP SITE.
- 12/16/86 BROKE UP CONCRETE & REMOVED CONTAMINATED SOIL IN PLATING DEPT. TESTED SOIL. BACK FILLED & POURED NEW CONCRETE UP. Spill/CONTROL AT FLOOR LEVEL.

ATTACHMENT E

1980 MANIFESTS

CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD/STATE DEPARTMENT OF HEALTH

3636111

HAULER OF WASTE (NOT TO BE FILLED BY HAULER)

NAME: **BERDIX CORP.**
PICK UP ADDRESS: **11600 Sherman Way**
North Hollywood Ca
765 1010 ATT.R. Slatterbeck

TEL NO/CONTACT:

P.O. NO: **8063-1158054**

TYPE OF PROCESS WHICH PRODUCES WASTE: **MAINTENANCE**

(Examples: metal plating, equipment cleaning, oil drilling wastewater treatment, pickling bath, petroleum refining)

HAULER OF WASTE (NOT TO BE FILLED BY HAULER)

CHECK TYPE OF WASTE

- | | |
|---|---|
| 1 <input checked="" type="checkbox"/> acid solution | 8 <input checked="" type="checkbox"/> tank bottom sediment |
| 2 <input checked="" type="checkbox"/> alkaline solution | 9 <input checked="" type="checkbox"/> oil |
| 3 <input checked="" type="checkbox"/> pesticides | 10 <input checked="" type="checkbox"/> drilling mud |
| 4 <input checked="" type="checkbox"/> paint sludge | 11 <input checked="" type="checkbox"/> contaminated soil and sand |
| 5 <input checked="" type="checkbox"/> solvent | 12 <input checked="" type="checkbox"/> cannery waste |
| 6 <input checked="" type="checkbox"/> tetraethyl lead sludge | 13 <input checked="" type="checkbox"/> latex waste |
| 7 <input checked="" type="checkbox"/> chemical toilet wastes | 14 <input checked="" type="checkbox"/> mud and water |
| 8 <input checked="" type="checkbox"/> other (specify) WATER BASE PAINT 75% | 15 <input checked="" type="checkbox"/> brine |
| | 9 <input checked="" type="checkbox"/> other (specify) OIL BASE PAINT 25% |

COMPONENTS:

(Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list)) metals (list) organics (list), cyanide)

	concentration	%	ppm
	lower	upper	
1 SILICATES	2-3		
2			
3			
4			
5			
6			

HAZARDOUS PROPERTIES OF WASTE

pH: _____ ☒ none ☒ toxic ☒ flammable ☒ corrosive ☒ explosive

BULK VOLUME: _____ ☒ gal. ☒ tons ☒ barrels (42 gal.) ☒ other (specify) **27.075**
CONTAINERS: _____ ☒ drums ☒ cartons ☒ bags ☒ other (specify) **74 1 gal.**
PHYSICAL STATE: (NUMBER) ☒ solid ☒ liquid ☒ sludge ☒ other (specify) **4 1 gal.**

SPECIAL HANDLING INSTRUCTIONS (IF ANY): **None**

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature of authorized agent and title

HAULER OF WASTE (NOT TO BE FILLED BY HAULER)

Name (print or type): **LIQUID WASTE MANAGEMENT**

Business Address: **P.O. BOX 1082 SUN VALLEY, CALIFORNIA 91352**

Telephone Number: (213) 767-4424 (Number) (Street) (City) Pick Up: **11/10/80** (Date) Time: **10:00** (Time) ☒ am ☒ pm

State Liquid Waste Hauler's Registration No. (if applicable): **363**

Job No.: _____ No. of Loads or Trips: **1** Unit No.: **105**

Vehicle: ☒ vacuum truck ☒ barrels, ☒ flatbed, ☒ other (specify) **flatbed**

The described waste was hauled by me to the disposal facility named below and was accepted.

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature of authorized agent and title

HAULER OF WASTE (NOT TO BE FILLED BY HAULER)

Name (print or type): _____

Site Address: _____

The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWOCB requirements, State Department of Health regulations, and local restrictions.

Quantity measured at site (if applicable): _____ State fee (if any): _____

HANDLING METHOD(S):

- ☒ recovery ☒ treatment (specify) _____ (Examples: incineration, neutralization, precipitation) code no. _____
- ☒ disposal (specify) ☒ pond ☒ spreading ☒ landfill ☒ injection well ☒ other (specify) _____ code no. _____

If waste is held for disposal elsewhere specify final location: _____

Disposal Date: _____

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature of authorized agent and title

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.

DOT PROPER SHIPPING NAME

FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.

CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD/STATE DEPARTMENT OF HEALTH

3636203

NAME:

CODING NO.

PICKUP ADDRESS:

BENDIX CORP.
11600 Sherman Way
North Hollywood, CA
765 1010 ATT. B. B. B. B. B.

DATE:

9/4/80

TEL. NO. / CONTACT:

F.O.B.G.

TYPE OF PROCESS WHICH PRODUCES WASTE

(Examples: metal plating, equipment cleaning, oil drilling, wastewater treatment, pickling bath, petroleum refining)

CHECK TYPE OF WASTE

- | | |
|---|---|
| <input checked="" type="checkbox"/> acid solution | <input type="checkbox"/> tank bottom sediment |
| <input type="checkbox"/> alkaline solution | <input type="checkbox"/> drilling mud |
| <input type="checkbox"/> pesticides | <input type="checkbox"/> contaminated soil and sand |
| <input type="checkbox"/> paint sludge | <input type="checkbox"/> cannery waste |
| <input type="checkbox"/> solvent | <input type="checkbox"/> latex waste |
| <input type="checkbox"/> tetraethyl lead sludge | <input type="checkbox"/> mud and water |
| <input type="checkbox"/> chemical toilet wastes | <input type="checkbox"/> brine |
| <input type="checkbox"/> other (specify) | |

(Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list) organics (list), cyanide)

	concentration		%	ppm
	lower	upper		
1	NITRIC ACID		<input checked="" type="checkbox"/>	<input type="checkbox"/>
2			<input type="checkbox"/>	<input type="checkbox"/>
3			<input type="checkbox"/>	<input type="checkbox"/>
4			<input type="checkbox"/>	<input type="checkbox"/>
5			<input type="checkbox"/>	<input type="checkbox"/>
6			<input type="checkbox"/>	<input type="checkbox"/>

pH: 1

☐ none

☐ toxic

☐ flammable

☒ corrosive

☐ explosive

BULK VOLUME:

☒ gal.

☐ tons

☐ barrels (42 gal)

☐ other (specify)

CONTAINERS:

(NUMBER)

☐ drums

☐ cartons

☐ bags

☐ other (specify)

PHYSICAL STATE:

☐ solid

☒ liquid

☐ sludge

☐ other (specify)

SPECIAL HANDLING INSTRUCTIONS (IF ANY)

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Name (print or type):

LIQUID WASTE MANAGEMENT

Business Address:

P. O. BOX 1082 SUN VALLEY, CALIFORNIA 91352

Telephone Number: (213) 767-4424

Pick Up: 9/1/80

Time: am pm

State Liquid Waste Hauler's Registration No. (if applicable):

363

Job No.:

No. of Loads or Trips:

Unit No.:

9

Vehicle:

☒ vacuum truck

☐ barrels

☐ flatbed

☐ other

(specify)

The described waste was hauled by me to the disposal facility named below and was accepted.

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

(Signature of authorized agent and title)

Name (print or type):

Site Address:

The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWOCB requirements, State Department of Health regulations, and local restrictions.

Quantity measured at site (if applicable):

State (if any):

HANDLING METHOD(S):

☐ recovery

☐ treatment (specify)

(Examples: incineration, neutralization, precipitation)

☒ disposal (specify)

☐ pond

☐ spreading

☐ landfill

☐ injection well

☐ other (specify)

If waste is held for disposal elsewhere specify location:

Disposal Date:

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

(Signature of authorized agent and title)

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.

DOT PROPER SHIPPING NAME

FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING

CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD/STATE DEPARTMENT OF HEALTH

363-5708

NAME:

PICK UP ADDRESS:

BENDIX CORP.

24600 Sherman Way
North Hollywood Ca.
91601-1010

TYPE OF PROCESS (e.g., PHOTOCOPIES, LASERS, etc.)
(Examples: metal plating, equipment cleaning, oil drilling, wastewater treatment, pickling bath, petroleum refining)

CODE NO.

DATE:

9/13/80

Code No.

CHECK TYPE OF WASTE

- | | |
|--|---|
| 1 <input checked="" type="checkbox"/> acid solution | 8 <input checked="" type="checkbox"/> tank bottom sediment |
| 2 <input checked="" type="checkbox"/> alkaline solution | 9 <input checked="" type="checkbox"/> oil |
| 3 <input checked="" type="checkbox"/> pesticides | 10 <input checked="" type="checkbox"/> drilling mud |
| 4 <input checked="" type="checkbox"/> paint sludge | 11 <input checked="" type="checkbox"/> contaminated soil and sand |
| 5 <input checked="" type="checkbox"/> solvent | 12 <input checked="" type="checkbox"/> cannery waste |
| 6 <input checked="" type="checkbox"/> tetraethyl lead sludge | 13 <input checked="" type="checkbox"/> latex waste |
| 7 <input checked="" type="checkbox"/> chemical toilet wastes | 14 <input checked="" type="checkbox"/> mud and water |
| | 15 <input checked="" type="checkbox"/> brine |
| <input checked="" type="checkbox"/> other (specify) _____ | |

Code No.

COMPONENTS:

(Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list) organics (list), cyanide)

		concentration		%	ppm
		lower	upper		
1	500 ppm HCl	20		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
4				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
5				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
6				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

pH: 1 ☒ none ☒ toxic ☒ flammable ☒ corrosive ☒ explosive

BULK VOLUME: 2 gal. ☒ tons ☒ barrels (42 gal) ☒ other (specify) _____
CONTAINERS: _____ drums ☒ cartons ☒ bags ☒ other (specify) _____
PHYSICAL STATE: _____ solid ☒ liquid ☒ sludge ☒ other (specify) _____

SPECIAL HANDLING INSTRUCTIONS (IF ANY):

The waste is described to the best of my knowledge and delivered to a licensed liquid waste hauler (if applicable).

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature of authorized agent and title

HAULER'S WASTE (Must be filled by hauler)

Name (print or type):

LIQUID WASTE MANAGEMENT

Business Address: **P. O. BOX 1082 SUN VALLEY, CALIFORNIA 91352**

Telephone Number: (213) 767-4424 (Number) (Street) 13/80 (City) am (Date) pm

State Liquid Waste Hauler's Registration No. (if applicable): 363

Job No.: _____ No. of Loads or Trips: 1 Unit No.: 1

Vehicle: ☒ vacuum truck _____ barrels, ☒ flatbed, ☒ other (specify) _____

The described waste was hauled by me to the disposal facility named below and was accepted.

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature of authorized agent and title

Name (print or type):

Site Address: 210 - 1000

The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWOCB requirements, State Department of Health regulations, and local restrictions.

Quantity measured at site (if applicable): 5K State fee (if any): 565

HANDLING METHOD(S):

- | | | |
|---|--|----------|
| <input checked="" type="checkbox"/> recovery | <input checked="" type="checkbox"/> treatment (specify) <u>TT</u> | code no. |
| (Examples: incineration, neutralization, precipitation) | | |
| <input checked="" type="checkbox"/> disposal (specify) | <input checked="" type="checkbox"/> pond <input checked="" type="checkbox"/> spreading <input checked="" type="checkbox"/> landfill <input checked="" type="checkbox"/> injection well | code no. |
| <input checked="" type="checkbox"/> other (specify) _____ | | |

If waste is held for disposal elsewhere specify final location:

Disposal Date: 10/1/80

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature of authorized agent and title

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.

DOT PROPER SHIPPING NAME

FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.

CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD/STATE DEPARTMENT OF HEALTH

363 **7133**

HAULING WASTE (MAY BE FILLED BY PROPERLY TRAINED PERSONNEL)

NAME: **BENDIX CORP.**
 PICK UP ADDRESS: **11600 Sherman Way**
North Hollywood Ca.
765 1010 ATT.R. Siatterback
 TEL NO./CONTACT: _____
 P.O. NO. **7063-151154**

CODE NO. _____

DATE: **12/30/80**

TYPE OF PROCESS WHICH PRODUCES WASTE _____ Code No. _____
 (Examples: metal plating, equipment cleaning, oil drilling wastewater treatment, pickling bath, petroleum refining)

HAULING WASTE (MAY BE FILLED BY PROPERLY TRAINED PERSONNEL)

CHECK TYPE OF WASTE	
1 <input checked="" type="checkbox"/> acid solution	8 <input type="checkbox"/> tank bottom sediment
2 <input type="checkbox"/> alkaline solution	9 <input type="checkbox"/> oil
3 <input type="checkbox"/> pesticides	10 <input type="checkbox"/> drilling mud
4 <input type="checkbox"/> paint sludge	11 <input type="checkbox"/> contaminated soil and sand
5 <input type="checkbox"/> solvent	12 <input type="checkbox"/> cannery waste
6 <input type="checkbox"/> tetraethyl lead sludge	13 <input type="checkbox"/> latex waste
7 <input type="checkbox"/> chemical toilet wastes	14 <input type="checkbox"/> mud and water
8 <input type="checkbox"/> other (specify) HOUSE WATER	15 <input type="checkbox"/> brine

Code No. _____

(Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list) organics (list), cyanide)

	concentration		%	ppm
	lower	upper		
1 _____				
2 _____				
3 _____				
4 _____				
5 _____				
6 _____				

HAULING WASTE (MAY BE FILLED BY PROPERLY TRAINED PERSONNEL)

pH **7** ☐ none ☐ toxic ☐ flammable ☐ corrosive ☐ explosive

BULK VOLUME: **11600** ☐ gal. ☐ tons ☐ barrels (42 gal) ☐ other (specify) _____
 CONTAINERS: _____ (NUMBER) ☐ drums ☐ cartons ☐ bags ☐ other (specify) _____
 PHYSICAL STATE: ☐ solid ☐ liquid ☐ sludge ☐ other (specify) _____
 SPECIAL HANDLING INSTRUCTIONS (IF ANY) _____

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature of authorized agent and title

HAULING WASTE (MAY BE FILLED BY PROPERLY TRAINED PERSONNEL)

Name (print or type): **LIQUID WASTE MANAGEMENT** Code No. _____
 Business Address: **P. O. BOX 1082, SUN VALLEY, CALIFORNIA 91352**
 Telephone Number: (213) 767-4424 (Street) _____ (City) _____
 Pick Up: _____ (Date) _____ Time: _____
 State Liquid Waste Hauler's Registration No. (if applicable): **363**
 Job No.: _____ No. of Loads or Trips: _____ Unit No.: _____
 Vehicle: ☒ vacuum truck _____ barrels, ☐ flatbed, ☐ other _____ (specify)

The described waste was hauled by me to the disposal facility named below and was accepted.

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature of authorized agent and title

HAULING WASTE (MAY BE FILLED BY PROPERLY TRAINED PERSONNEL)

Name (print or type): **PV#1** Code No. _____
 Site Address: _____

The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWOCB requirements, State Department of Health regulations, and local restrictions.

Quantity measured at site (if applicable): **712** State fee (if any): _____

HANDLING METHOD(S):

<input type="checkbox"/> recovery	
<input type="checkbox"/> treatment (specify) _____	code no. _____
(Examples: incineration, neutralization, precipitation)	
<input checked="" type="checkbox"/> disposal (specify)	<input type="checkbox"/> pond <input type="checkbox"/> spreading <input checked="" type="checkbox"/> landfill <input type="checkbox"/> injection well
<input type="checkbox"/> other (specify) _____	code no. _____

If waste is held for disposal elsewhere specify final location: _____

Disposal Date: **10-30-80**

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature of authorized agent and title

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.

DOT PROPER SHIPPING NAME

FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.

CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD/STATE DEPARTMENT OF HEALTH

363-482

HAZARDOUS WASTE (Must be filled by hauler)

NAME: **BENDIX CORP**

PICK UP ADDRESS: **11600 SHERMAN**

NORTH HOLLYWOOD, CALIF 91695

PHONE: **(213) 765 1010 EXT 492**

FAX NO: **8063-062363**

TYPE OF PROCESS WHICH PRODUCES WASTE
(Examples: metal plating, equipment cleaning, oil drilling waste, water treatment, pickling bath, petroleum refining)

DESCRIPTION OF WASTE (Must be filled by hauler)

CHECK TYPE OF WASTE

<input checked="" type="checkbox"/> Acid solution	<input type="checkbox"/> Tank bottom sediment
<input checked="" type="checkbox"/> Alkaline solution	<input type="checkbox"/> Sludge
<input checked="" type="checkbox"/> Pesticides	<input type="checkbox"/> Spent oil
<input checked="" type="checkbox"/> Paint sludge	<input type="checkbox"/> Spent oil and sand
<input checked="" type="checkbox"/> Solvent	<input type="checkbox"/> Spent oil and waste
<input checked="" type="checkbox"/> Tetraethyl lead sludge	<input type="checkbox"/> Water waste
<input checked="" type="checkbox"/> Chemical toilet wastes	<input type="checkbox"/> Mud and water
<input checked="" type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Brine

COMPONENTS

(Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list) organics (list), cyanide)

		Concentration		%	ppm
		lower	upper		
1	CHROMIC ACID	93	379	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2				<input type="checkbox"/>	<input type="checkbox"/>
3				<input type="checkbox"/>	<input type="checkbox"/>
4				<input type="checkbox"/>	<input type="checkbox"/>
5				<input type="checkbox"/>	<input type="checkbox"/>
6				<input type="checkbox"/>	<input type="checkbox"/>

HAZARDOUS PROPERTIES OF WASTE

pH **6.8** ☐ none ☐ toxic ☐ flammable ☐ corrosive ☐ explosive

BULK VOLUME: **2500** ☒ gal. ☐ tons ☐ barrels (42 gal) ☐ other (specify) _____
CONTAINERS: _____ ☐ drums ☐ canisters ☐ bags ☐ other (specify) _____
PHYSICAL STATE: _____ ☐ solid ☐ liquid ☐ sludge ☐ other (specify) _____
SPECIAL HANDLING INSTRUCTIONS (IF ANY) _____

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

[Signature] **PLT ENG'R**
Signature of authorized agent and title

HAULING WASTE (Must be filled by hauler)

Name (print or type): **LIQUID WASTE MANAGEMENT**

Business Address: **P. O. BOX 1082 SUN VALLEY, CALIFORNIA 91352**

Telephone Numbers: (213) 767-4424 (Number) Pick Up: **11/12/80** (Street) (City) (State) (Zip) **91352**

State Liquid Waste Hauler's Registration No. (if applicable): **363**

Job No.: **4** No. of Loads or Trips: **1** Unit No.: **3**

Vehicle: ☒ vacuum truck ☐ barrels ☐ flatbed ☐ other (specify) _____

The described waste was hauled by me to the disposal facility named below and was accepted.

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

[Signature] **PLT ENG'R**
Signature of authorized agent and title

Name (print or type): **BKK**

Site Address: **210-10 SA**

The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWOCB requirements, State Department of Health regulations, and local restrictions.

Quantity measured at site (if applicable): _____ State fee (if any): _____

HANDLING METHOD(S):

<input checked="" type="checkbox"/> recovery	<input type="checkbox"/> pond	<input type="checkbox"/> spreading	<input type="checkbox"/> landfill	<input type="checkbox"/> injection well
<input checked="" type="checkbox"/> treatment (specify) _____	<input type="checkbox"/> other (specify) _____			
(Examples: incineration, neutralization, precipitation)				

If waste is held for disposal elsewhere specify final location: _____

Disposal Date: **11/3/80**

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

[Signature] **(2)**
Signature of authorized agent and title

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.

DOT PROPER SHIPPING NAME

FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.

CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD/STATE DEPARTMENT OF HEALTH

3637137

NAME: **DELLIX CORP.**
PICK UP ADDRESS: **11600 Sherman Way**
North Hollywood Ca.
763 1010 ATT.R. Slater

CODE NO.

DATE: **11/10/90**

TEL NO./CONTACT:

P.O. NO.

CAD 008 325 334

TYPE OF PROCESS WHICH PRODUCES WASTE

(Examples: metal plating, equipment cleaning, oil drilling wastewater treatment, pickling bath, petroleum refining)

Code No.

CHECK TYPE OF WASTE

- ☒ 1 acid solution
- ☒ 2 alkaline solution
- ☒ 3 pesticides
- ☒ 4 paint sludge
- ☒ 5 solvent
- ☒ 6 tetraethyl lead sludge
- ☒ 7 chemical toilet wastes
- ☒ other (specify)

- ☒ 8 oil or oil sludge
- ☒ 9 drilling mud
- ☒ 10 contaminated soil and sand
- ☒ 11 canner waste
- ☒ 12 latex waste
- ☒ 13 mud and water
- ☒ 14 wine

Code No.

(Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list) organics (list), cyanide)

COMPONENTS

	concentration	%	ppm
1 Chromium	lower 960	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2 Chromium	upper 960	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
4		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
5		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
6		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

pH **5.6** ☒ none ☒ toxic ☒ flammable ☒ corrosive ☒ explosive

BULK VOLUME **2500**

☒ gal.

☒ tons

☒ barrels (42 gal)

☒ other (specify)

CONTAINERS:

☒ drums

☒ cartons

☒ bags

☒ other (specify)

PHYSICAL STATE:

☒ solid

☒ liquid

☒ sludge

☒ other (specify)

SPECIAL HANDLING INSTRUCTIONS (IF ANY) **None**

Name (print or type):

LIQUID WASTE MANAGEMENT

Business Address:

P. O. BOX 1082 SUN VALLEY, CALIFORNIA 91352

Telephone Number: (213) 767-4424

Pick Up:

(Date)

Time: am pm

State Liquid Waste Hauler's Registration No. (if applicable):

363

Job No.:

No. of Loads or Trips:

Unit No.:

4

Vehicle:

☒ vacuum truck

☐ barrels

☒ flatbed

☒ other

(specify)

The described waste was hauled by me to the disposal facility named below and was accepted.

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Ron Battaglin
Signature of authorized agent and title

Name (print or type):

BELT 2210 AUST WC

Site Address:

The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWOCB requirements, State Department of Health regulations, and local restrictions.

Quantity measured at site (if applicable):

13.59

State fee (if any):

1359

HANDLING METHOD(S):

☒ recovery

☒ treatment (specify)

(Examples: incineration, neutralization, precipitation)

☒ disposal (specify)

☒ pond

☒ spreading

☒ landfill

☒ injection well

☒ other (specify)

If waste is held for disposal elsewhere specify final location:

Disposal Date:

12-8-80

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

R. L. Lader 2
Signature of authorized agent and title

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.

DOT PROPER SHIPPING NAME

FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9225

CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD/STATE DEPARTMENT OF HEALTH

3638451

NAME:

PICK UP ADDRESS

HENDIX CORP.

**11600 Sherman Way
North Hollywood Ca.**

TEL NO./CONTACT

P.O. NO.

TYPE OF PROCESS WHICH PRODUCES WASTE

(Examples: metal plating, equipment cleaning, oil drilling, wastewater treatment, pickling bath, petroleum refining)

CODE NO.

DATE:

11-13-80

Code No.

Name (print or type):

LIQUID WASTE MANAGEMENT

Business Address:

P. O. BOX 1082 SUN VALLEY, CALIFORNIA 91352

Telephone Number (213) 767-4424

Pick Up:

11/13/80

Time:

State Liquid Waste Hauler's Registration No. (if applicable):

363

Job No.:

3

No. of Loads or Trips:

1

Unit No.:

3

Vehicle:

☒ vacuum truck

☐ barrels,

☒ Harbors

☒ other

(specify)

The described waste was hauled by me to the disposal facility named below and was accepted.

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature of authorized agent and title

Name (print or type):

BKK

Site Address:

The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWOCB requirements, State Department of Health regulations, and local restrictions.

Quantity measured at site (if applicable):

State fee (if any):

HANDLING METHOD(S):

☒ recovery

☒ treatment (specify)

(Examples: incineration, neutralization, precipitation)

☒ disposal (specify)

☒ pond

☒ spreading

☒ landfill

☒ injection well

☐ other (specify)

If waste is held for disposal elsewhere specify final location:

Disposal Date:

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature of authorized agent and title

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.

DOT PROPER SHIPPING NAME

FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-6292

CHECK TYPE OF WASTE

1 ☒ acid solution

2 ☒ alkaline solution

3 ☒ pesticides

4 ☒ paint sludge

5 ☒ solvent

6 ☒ tetraethyl lead sludge

7 ☒ chemical toilet wastes

☒ other (specify)

8

☒ tank bottom sediment

9

☒ oil

10

☒ drilling mud

11

☒ contaminated soil and sand

12

☒ slurry waste

13

☒ latex waste

14

☒ mud and water

15

☒ brine

Code No.

(Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list), organics (list), etc.)

concentration

lower

upper

%

ppm

1 **CHROMIC ACID**

93

32

☒

☒

2

☐

☐

☐

☐

3

☐

☐

☐

☐

4

☐

☐

☐

☐

5

☐

☐

☐

☐

6

☐

☐

☐

☐

pH

☒ none

☒ toxic

☒ flammable

☒ corrosive

☒ explosive

BULK VOLUME:

3500

☒ gal.

☒ tons

☒ barrels (42 gal)

☒ other (specify)

CONTAINERS:

(NUMBER)

☒ drums

☒ cartons

☒ bags

☒ other (specify)

PHYSICAL STATE:

☒ solid

☒ liquid

☒ sludge

☒ other (specify)

SPECIAL HANDLING INSTRUCTIONS (IF ANY)

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature of authorized agent and title

CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD/STATE DEPARTMENT OF HEALTH

3638285

PRODUCER OF WASTE (Must be filled by producer)

NAME:

BENDIX CORP.

PICK UP ADDRESS:

11600 Sherman Way
North Hollywood Ca.

TEL. NO./CONTACT:

765 1010 ATT.R.Slattebeck

CODE NO.

DATE

12-19-80

XXX EPA# CAD008325334

TYPE OF PROCESS WHICH PRODUCES WASTE

(Examples: metal plating, equipment cleaning, oil drilling wastewater treatment, pickling bath, petroleum refining)

HAULER OF WASTE (Must be filled by hauler)

HAULER OF WASTE (Must be filled by hauler)

Name (print or type):

LIQUID WASTE MANAGEMENT

Business Address:

P. O. BOX 1082 SUN VALLEY, CALIFORNIA 91352

Telephone Number: (213) 767-4424

Pick Up:

12-15-80

State Liquid Waste Hauler's Registration No. (if applicable):

363

Job No.

No. of Loads or Trips:

Unit No.:

Vehicle:

vacuum truck

120 barrels,

flatbed,

other

(specify)

The described waste was hauled by me to the disposal facility named below and was accepted.

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

[Signature]
Signature of authorized agent and title

EPA#CAD000072843

Name (print or type):

BKK 2210 KISS INC

Site Address:

EPA#

CAD-067786745

The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWOCB requirements, State Department of Health regulations, and local restrictions.

Quantity measured at site (if applicable):

20-03

State fee (if any):

2003

COMPONENTS:

(Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list) organics (list), cyanide)

	concentration		%	ppm
	lower	upper		
1				
2				
3				
4				
5				
6				

HAZARDOUS PROPERTIES OF WASTE

pH 8 none toxic flammable corrosive explosive

BULK VOLUME: 4500 gal. tons barrels (42 gal) other (specify)
CONTAINERS: drums cartons bags other (specify)
PHYSICAL STATE: (NUMBER) solid liquid sludge other (specify)

SPECIAL HANDLING INSTRUCTIONS (IF ANY)

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

[Signature]
Signature of authorized agent and title

HANDLING METHOD(S):

recovery
treatment (specify)
(Examples: incineration, neutralization, precipitation)
disposal (specify) pond spreading landfill injection well
other (specify)

If waste is held for disposal elsewhere specify final location:

Disposal Date:

12-19-80

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

[Signature]
Signature of authorized agent and title

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.

DOT PROPER SHIPPING NAME

FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.

CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD/STATE DEPARTMENT OF HEALTH

3638500

PRODUCER OF WASTE (Must be filled by producer)

NAME: P.O. # 18047-013581
PICK UP ADDRESS: BENDIX CORP.

11600 Sherman Way
North Hollywood Ca.

TEL. NO./CONTACT: 765 1010 ATT.R. Slatterbeck

XXXX EPA # CAD008325334

TYPE OF PROCESS WHICH PRODUCES WASTE

(Examples: metal plating, equipment cleaning, oil drilling wastewater treatment, pickling bath, petroleum refining)

DESCRIPTION OF WASTE (Must be filled by producer)

CHECK TYPE OF WASTE

- 1 ☒ acid solution
- 2 ☒ alkaline solution
- 3 ☒ pesticides
- 4 ☒ paint sludge
- 5 ☒ solvent
- 6 ☒ tetraethyl lead sludge
- 7 ☒ chemical toilet wastes

- 8 ☒ tank bottom sediment
- 9 ☒ oil + WATER
- 10 ☒ drilling mud
- 11 ☒ contaminated soil and sand
- 12 ☒ cannery waste
- 13 ☒ latex waste
- 14 ☒ mud and water
- 15 ☒ brine

☐ other (specify) _____

Code No. _____

COMPONENTS

(Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list) organics (list), cyanide)

	concentration		%	ppm
	lower	upper		
1 _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
2 _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
3 _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
4 _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
5 _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
6 _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

HAZARDOUS PROPERTIES OF WASTE

pH _____ ☒ none ☐ toxic ☐ flammable ☐ corrosive ☐ explosive

BULK VOLUME: 3500 ☒ gal. ☐ tons ☐ barrels (42 gal) ☐ other (specify) _____
CONTAINERS: _____ ☐ drums ☐ cartons ☐ bags ☐ other (specify) _____
PHYSICAL STATE: _____ ☐ solid ☒ liquid ☐ sludge ☐ other (specify) _____

SPECIAL HANDLING INSTRUCTIONS (IF ANY) None

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

W. Spick, Supervisor
Signature of authorized agent and title

HAULER OF WASTE (Must be filled by hauler)

Name (print or type):

LIQUID WASTE MANAGEMENT

Business Address: P. O. BOX 1082 SUN VALLEY, CALIFORNIA 91352

Telephone Number: (213) 767-4424 (Number) (Street) 12/5/80 (Date) 10 (Time) ☐ am ☐ pm

State Liquid Waste Hauler's Registration No. (if applicable): 363

Job No.: 2 No. of Loads or Trips: 1 Unit No.: 3

Vehicle: ☒ vacuum truck ☐ barrels, ☐ flared, ☐ other (specify) _____

The described waste was hauled by me to the disposal facility named below and was accepted.

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

EPA # CAD00072843

DISPOSAL OF WASTE (Must be filled by disposal)

Name (print or type):

BKK CORPORATION

Site Address: 2210 WEST COVINA

EPA # CAD067786749

The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWOCB requirements, State Department of Health regulations, and local restrictions.

Quantity measured at site (if applicable): 1392 State fee (if any): 0

HANDLING METHOD(S):

- ☐ recovery
- ☐ treatment (specify) _____
(Examples: incineration, neutralization, precipitation)
- ☐ disposal (specify) ☐ pond ☐ spreading ☐ landfill ☐ injection well
- ☐ other (specify) _____

If waste is held for disposal elsewhere specify final location: _____

Disposal Date: 12-05-80

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

T
Signature of authorized agent and title

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.

DOT PROPER SHIPPING NAME

Waste Oil

FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.

CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD/STATE DEPARTMENT OF HEALTH

3638402

NAME:

SPENDIX CORP.

PICKUP ADDRESS:

11600 Sherman Way

North Hollywood Ca.

765 1010 ATT. R. Slattorbeck

TEL. NO. CONTACT:

1047 N 3047-013581

P. O. NO.

EPA # CAD00072843

TYPE OF PROCESS WHICH PRODUCES WASTE

(Examples: metal plating, equipment cleaning, oil drilling wastewater treatment, pickling bath, petroleum refining)

CODE NO.

DATE:

11/21/76

Code No.

CHECK TYPE OF WASTE

1 ☐ acid solution

2 ☐ alkaline solution

3 ☐ pesticides

4 ☐ paint sludge

5 ☐ solvent

6 ☐ tetraethyl lead sludge

7 ☐ chemical toilet wastes

8 ☐ tank bottom sediment

9 ☐ oil

10 ☐ drilling mud

11 ☐ contaminated soil and sand

12 ☐ cannery waste

13 ☐ latex waste

14 ☐ mud and water

15 ☐ brine

☐ other (specify) _____

Code No.

(Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list) organics (list), cyanide)

	concentration		%	ppm
	lower	upper		
1			<input type="checkbox"/>	<input type="checkbox"/>
2			<input type="checkbox"/>	<input type="checkbox"/>
3			<input type="checkbox"/>	<input type="checkbox"/>
4			<input type="checkbox"/>	<input type="checkbox"/>
5			<input type="checkbox"/>	<input type="checkbox"/>
6			<input type="checkbox"/>	<input type="checkbox"/>

pH _____ ☐ none ☐ toxic ☐ flammable ☐ corrosive ☐ explosive

BULK VOLUME: **1510**

CONTAINERS: _____

(NUMBER)

PHYSICAL STATE:

☒ gal.

☐ drums

☐ solid

☐ tons

☐ cartons

☒ liquid

☐ barrels (42 gal)

☐ bags

☐ sludge

☐ other (specify) _____

☐ other (specify) _____

☐ other (specify) _____

SPECIAL HANDLING INSTRUCTIONS (IF ANY) **ADDS**

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature of authorized agent and title

Name (print or type):

LIQUID WASTE MANAGEMENT

Business Address:

P. O. BOX 1082 SUN VALLEY, CALIFORNIA 91352

Telephone Number: (213) 767-4424

(Number)

(Street)

(City)

Pick Up: **11/21/76**

(Date)

Time: _____

State Liquid Waste Hauler's Registration No. (if applicable):

363

Job No.: _____

No. of Loads or Trips: **1**

Unit No.: **1**

Vehicle:

☒ vacuum truck

barrels,

☐ flatbed,

☐ other

(specify)

The described waste was hauled by me to the disposal facility named below and was accepted.

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature of authorized agent and title

EPA # CAD00072843

Name (print or type):

BKK CORPORATION

Site Address:

11515 Central

EPA # CAD00072843

The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWOCB requirements, State Department of Health regulations, and local restrictions.

Quantity measured at site (if applicable): _____

State fee (if any): _____

HANDLING METHOD(S):

☐ recovery

☐ treatment (specify) _____

(Examples: incineration, neutralization, precipitation)

☐ disposal (specify)

☐ pond

☐ spreading

☐ landfill

☐ injection well

☐ other (specify) _____

If waste is held for disposal elsewhere specify final location: _____

Disposal Date: _____

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature of authorized agent and title

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.

DOT PROPER SHIPPING NAME

WASTE OIL

FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.

CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD/STATE DEPARTMENT OF HEALTH

3637094

PRODUCER OF WASTE (Must be filled by producer)

NAME:

BENDIX CORP.

PICK UP ADDRESS

11600 Sherman Way

North Hollywood Ca.

765 1010 ATT.R.Slattebeck

TEL NO./CONTACT:

P. O. NO.

TYPE OF PROCESS WHICH PRODUCES WASTE

(Examples: metal plating, equipment cleaning, oil drilling wastewater treatment, pickling bath, petroleum refining)

CODE NO.

DATE:

10/23/80

HAULER OF WASTE (Must be filled by hauler)

Name (print or type):

LIQUID WASTE MANAGEMENT

Business Address: P. O. BOX 1082 SUN VALLEY, CALIFORNIA 91352

Telephone Number: (213) 767-4424 (Number) (Street) (City) (Date) Time: am pm

State Liquid Waste Hauler's Registration No. (if applicable): 363

Job No.: 1 No. of Loads or Trips: 1 Unit No.: 4

Vehicle: ☒ vacuum truck ☐ barrels, ☒ flatbed, ☒ other (specify)

The described waste was hauled by me to the disposal facility named below and was accepted.

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Ron Battaglin
Signature of authorized agent and title

DISPOSAL OF WASTE (Must be filled by disposal)

Name (print or type): B.K.K.

Site Address: 2210 S. AZUSA, W.O.

The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWOCB requirements, State Department of Health regulations, and local restrictions.

Quantity measured at site (if applicable): 14.75 State fee (if any):

COMPONENTS:

(Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list) organics (list), cyanide)

	concentration		%	ppm
	lower	upper		
1			<input type="checkbox"/>	<input type="checkbox"/>
2			<input type="checkbox"/>	<input type="checkbox"/>
3			<input type="checkbox"/>	<input type="checkbox"/>
4			<input type="checkbox"/>	<input type="checkbox"/>
5			<input type="checkbox"/>	<input type="checkbox"/>
6			<input type="checkbox"/>	<input type="checkbox"/>

HAZARDOUS PROPERTIES OF WASTE

pH: none ☐ toxic ☐ flammable ☐ corrosive ☐ explosive

BULK VOLUME: 8700 gal. ☒ tons ☐ barrels (42 gal) ☐ other (specify)

CONTAINERS: (NUMBER) drums ☐ cartons ☐ bags ☐ other (specify)

PHYSICAL STATE: solid ☐ liquid ☐ sludge ☐ other (specify)

SPECIAL HANDLING INSTRUCTIONS (IF ANY):

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

H.E. Hudson
Signature of authorized agent and title

DOT PROPER SHIPPING NAME

FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.

CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD/STATE DEPARTMENT OF HEALTH

3638217

NAME: **P.O. BOX 8012-151710**
 PICK UP ADDRESS: **BENDIX CORP.**

11600 Sherman Way
North Hollywood Ca.

TEL. NO. **765 1010 ATT. R. Blatterbeck**
 CONTACT:

XXX EPA: **CAD 008 325 334**

TYPE OF PROCESS WHICH PRODUCES WASTE

(Examples: metal plating, equipment cleaning, oil drilling, wastewater treatment, pickling bath, petroleum refining)

CHECK TYPE OF WASTE

- ☒ acid solution
- ☒ alkaline solution
- ☐ pesticides
- ☐ paint sludge
- ☐ solvent
- ☐ tetraethyl lead sludge
- ☐ chemical toilet wastes

- ☐ tank bottom sediment
- ☐ oil
- ☐ drilling mud
- ☐ contaminated soil and sand
- ☐ cannery waste
- ☐ latex waste
- ☐ mud and water
- ☐ brine

☐ other (specify) _____

Code No.

(Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list) organics (list), cyanide)

	concentration		%	ppm
	lower	upper		
1 CHROMIC ACID			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2			<input type="checkbox"/>	<input type="checkbox"/>
3			<input type="checkbox"/>	<input type="checkbox"/>
4			<input type="checkbox"/>	<input type="checkbox"/>
5			<input type="checkbox"/>	<input type="checkbox"/>
6			<input type="checkbox"/>	<input type="checkbox"/>

pH **6**

☐ none ☐ toxic ☐ flammable ☐ corrosive ☐ explosive

BULK VOLUME: **5000**

CONTAINERS: _____

PHYSICAL STATE:

SPECIAL HANDLING INSTRUCTIONS (IF ANY)

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature of authorized agent and title

Name (print or type):

LIQUID WASTE MANAGEMENT

Business Address: **P. O. BOX 1082, SUN VALLEY, CALIFORNIA 91352**

Telephone Number: (213) 767-4424

Pick Up: **12/10/80** Time: **5** ☐ am ☒ pm

State Liquid Waste Hauler's Registration No. (if applicable):

363

Job No.:

No. of Loads or Trips:

Unit No.:

Vehicle:

☒ vacuum truck

☐ barrels,

☐ flatbed,

☐ other

(specify)

The described waste was hauled by me to the disposal facility named below and was accepted.

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature of authorized agent and title

EPA/CAD000072843

Name (print or type):

Site Address:

EPA

The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWOCB requirements, State Department of Health regulations, and local restrictions.

Quantity measured at site (if applicable):

State fee (if any):

HANDLING METHOD(S):

☐ recovery

☐ treatment (specify) _____

(Examples: incineration, neutralization, precipitation)

☐ disposal (specify) _____

☐ pond

☐ spreading

☐ landfill

☐ injection well

☐ other (specify) _____

If waste is held for disposal elsewhere specify final location:

Disposal Date:

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature of authorized agent and title

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.

DOT PROPER SHIPPING NAME

FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.

1984 MANIFESTS

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. C A D 0 0 8 3 2 5 3 3 4 1 0 0 0 3	Manifest Document No. 100003	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address BENDIX CORP. ELECTRODYNAMICS DIVISION 11600 Sherman Way, No. Hollywood, CA 91605				A. State Manifest Document Number 84352603	
4. Generator's Phone (818) 765-1010				B. State Generator's ID C A D 0 0 8 3 2 5 3 3 4	
5. Transporter 1 Company Name OIL & SOLVENT PROCESS CO.				C. State Transporter's ID 53156	
6. US EPA ID Number C A D 0 0 8 3 0 2 9 0 3				D. Transporter's Phone (818) 334-5117	
7. Transporter 2 Company Name				E. State Transporter's ID	
8. US EPA ID Number				F. Transporter's Phone	
9. Designated Facility Name and Site Address OIL AND SOLVENT PROCESS CO. 1704 First St. Azusa, CA 91702				G. State Facility's ID C A D 0 0 8 3 0 2 9 0 3	
10. US EPA ID Number C A D 0 0 8 3 0 2 9 0 3				H. Facility's Phone (818) 334-5117	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)			12. Containers No. Type	13. Total Quantity	14. Unit M/Vol
a. WASTE FLAMMABLE LIQUID UN 1993			0 0 5 D M	0 0 2 5 0	G
b.					
c.					
d.					
J. Additional Descriptions for Materials Listed Above a-1 Skydrol-80% Heptain-20% a-2 MEK 30% Paint thinner 70% a-3 Heptain 70% oil 30% a-4 Kerosene 98% water 5% a-5 Varnish 100%				K. Handling Codes for Wastes Listed Above 99	
15. Special Handling Instructions and Additional Information MAKE SURE ALL BUNGS ARE TIGHT. WEAR GOGGLES AND GLOVES.					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.					
Printed/Typed Name R. SLATTERBECK			Signature <i>[Signature]</i>		Date Month Day Year 12 11 84
17. Transporter 1 Acknowledgement of Receipt of Materials			Signature <i>[Signature]</i>		Date Month Day Year 12 11 84
Printed/Typed Name DONALD NEEDARDS			Signature <i>[Signature]</i>		Date Month Day Year 12 11 84
18. Transporter 2 Acknowledgement or Receipt of Materials			Signature <i>[Signature]</i>		Date Month Day Year 12 11 84
Printed/Typed Name			Signature		Date
19. Discrepancy Indication Space N/A					
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.					
Printed/Typed Name C. L. RICH			Signature <i>[Signature]</i>		Date Month Day Year 12 11 84

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. C A D 0 0 8 3 2 5 3 3 4 0 0 0 0 2		Manifest Document No. 0 0 0 0 2		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.					
3. Generator's Name and Mailing Address BENDIX CORP. ELECTRODYNAMICS DIVISION 11600 Sherman Way, No. Hollywood, CA 91605						A. State Manifest Document Number 84352502							
4. Generator's Phone (818) 765-1010						B. State Generator's ID C A D 0 0 8 3 2 5 3 3 4							
5. Transporter 1 Company Name OIL & SOLVENT PROCESS CO						C. State Transporter's ID 53156							
6. US EPA ID Number I C A D 0 0 8 3 0 2 9 0 3						D. Transporter's Phone (818) 334-5117							
7. Transporter 2 Company Name						E. State Transporter's ID							
8. US EPA ID Number						F. Transporter's Phone							
9. Designated Facility Name and Site Address OIL & SOLVENT PROCESS CO 1704 First St. Azusa, CA 91702						G. State Facility's ID C A D 0 0 8 3 0 2 9 0 3							
10. US EPA ID Number I C A D 0 0 8 3 0 2 9 0 3						H. Facility's Phone (818) 334-5117							
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers		13. Total Quantity		14. Unit		15. Waste No.	
						No. Type				Wt/Vol			
a. WASTE TRICHLOROETHANE ORM A UN 2831						0 0 5 D M		0 0 2 5 0 G				211 F 0 0 1	
b. WASTE HAZARDOUS LIQUID ORM E UN 9189						0 0 1 D M		0 0 0 -50 G				211 F 0 0 1	
c.													
d.													
J. Additional Descriptions for Materials Listed Above A 1-5 Trl 85% Oil and Grease 15% B 6 Freon 100%						K. Handling Codes for Wastes Listed Above 61							
15. Special Handling Instructions and Additional Information MAKE SURE ALL BUNGS ARE TIGHT. WEAR GOGGLES AND GLOVES.													
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.													
Printed/Typed Name R. Slatterbeck				Signature <i>[Signature]</i>		Date Month Day Year 1 2 1 8 4							
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name DONALD NEEDWOODS				Signature <i>[Signature]</i>		Date Month Day Year 1 2 1 8 4							
18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name				Signature R. E. ...		Date Month Day Year 1 2 1 8 4							
19. Discrepancy Indication Space N/A Plant Engineering													
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.													
Printed/Typed Name C. H. ...				Signature <i>[Signature]</i>		Date Month Day Year 1 2 1 8 4							

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. C A D 0 0 8 3 2 5 3 3 4 0 0 0 0 1	Manifest Document No. 0 0 0 0 1	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address BENDIX CORP. ELECTRODYNAMICS DIVISION 11600 Sherman Way, No. Hollywood, CA. 91605				A. State Manifest Document Number 84352601	
4. Generator's Phone (818) 765-1010				B. State Generator's ID	
5. Transporter 1 Company Name VAN WATERS & ROGERS		6. US EPA ID Number C A D 0 0 9 2 3 0 2 4 4		C. State Transporter's ID 52 689	
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone (213) 265-8123	
9. Designated Facility Name and Site Address VAN WATERS & ROGERS 1363 S. Bonnie Beach Pl. Los Angeles, CA., 90023		10. US EPA ID Number C A D 0 0 9 2 3 0 2 4 4		E. State Transporter's ID	
				F. Transporter's Phone	
				G. State Facility's ID	
				H. Facility's Phone (213) 265-8123	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)			12. Containers No. Type	13. Total Quantity	14. Unit Wt/Vol
a. WASTE TRICHLOROETHANE III ORM-A UN 2831			0 0 4 D M	0 0 2 0 0	G
b.					
c.					
d.					
J. Additional Descriptions for Materials Listed Above TRI - 80% Water - 10% OIL - 10%			K. Handling Codes for Wastes Listed Above		
15. Special Handling Instructions and Additional Information Goggles and gloves					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.					
Printed/Typed Name R. SLATTERBECK			Signature <i>[Signature]</i>		Date Month Day Year 1 2 1 0 8 4
17. Transporter 1 Acknowledgement of Receipt of Materials			Signature <i>[Signature]</i>		Date Month Day Year 1 2 1 0 8 4
18. Transporter 2 Acknowledgement or Receipt of Materials			Signature <i>[Signature]</i>		Date Month Day Year 1 2 1 0 8 4
19. Discrepancy Indication Space Plant Engineering					
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.					
Printed/Typed Name Robert [Signature]			Signature <i>[Signature]</i>		Date Month Day Year 1 2 1 0 8 4

UNIFORM HAZARDOUS WASTE MANIFEST

Print or type with ELITE type (12 characters per inch) PO 8067-458863

STATE ID NUMBER

83211409

GENERATOR NAME AND MAILING ADDRESS

BENDIX CORP. ELECTRODYNAMICS DIVISION
11600 Sherman Way

AREA CODE/PHONE NUMBER CA 91605-5887 (818) 765-1010

TRANSPORTER NO. 1

OIL & SOLVENT PROCESS CO
1704 First St.
Azusa, CA 91702

(818) 334-5117

VEH./CONTAINER NO.

CA 0008325334

EPA ID NUMBER

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

VEH./CONTAINER NO.

CA 0008302903

EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY

OIL & SOLVENT PROCESS CO
1704 First St.
Azusa, CA 91702

(818) 334-5117

AREA CODE/PHONE NUMBER

EPA ID NUMBER

CA 0008302903

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS	UN/NA NUMBER	TOTAL QUANTITY	UNIT WT/VOL	CONTAINER NO. TYPE	WASTE CAT. NO.	DISP. METH
1. WASTE FLAMMABLE LIQUID N.O.S.	UN 1993	0.035	6	008 DM	21201	
2. HAZARDOUS WASTE LIQUID ORM-E	NA 9189	0.011	6	002 DM	21101	
COMPONENTS			CONC. RANGE		UNITS	
			UPPER	LOWER	%	PPM
1.1 ALIPHATICS			10	50	%	
1.2 AROMATICS			30	20	%	
1.3 ALCOHOLS			25	15	%	
2.1 TRICHLOROTRIFLUORETHANE			90	80	%	

SPECIAL HANDLING INSTRUCTIONS

GLOVES & GOGGLES

MAKE SURE BUNGS ARE TIGHT & DRUMS NOT LEAKING

This is to certify that the above-named wastes are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable requirements of the Department of Transportation and the EPA.

Printed or typed full name and signature R.J. Slatterbeck

MO.	DAY	YR.
08	31	84

☐ Check if continuation sheet is used. Number of continuation sheets 3

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

Printed or typed full name and signature

DATE REC'D & ACCEPTED	MO.	DAY	YR.
	08	31	84

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

Printed or typed full name and signature

DATE REC'D & ACCEPTED	MO.	DAY	YR.

DISCREPANCY INDICATION SPACE

Facility owner or operator: Certification of receipt of hazardous waste covered by this manifest except as noted in the discrepancy indication space above. Note: TSDF must complete waste number. See instructions.

DATE RECEIVED & ACCEPTED

Printed or typed full name and signature

EPA ID NUMBER

MO.	DAY	YR.

UNIFORM HAZARDOUS WASTE MANIFEST

STATE ID NUMBER 83211408

base print or type with ELITE type (12 characters per inch).

GENERATOR NAME AND MAILING ADDRESS

BENDIX CORP/ELECTRODYNAMICS DIVN
11600 SHERMAN WAY
NO HOLLYWOOD, CA., 91605-5887
AREA CODE/PHONE NUMBER (818)765-1010

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER

C A D 0 0 8 3 2 5 3 3 4

TRANSPORTER NO. 1

VAN WATERS & ROGERS
1363 S. BONNIE BEACH PL.
LOS ANGELES, CA., 90023
(213)265-8123

VEH./CONTAINER NO.

EPA ID NUMBER

0 0 0 5 2 6 8 9 C A D 0 0 9 2 3 0 2 4

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

VEH./CONTAINER NO.

EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY

(VAN WATERS & ROGERS)
SAME AS TRANSPORTER #1

EPA ID NUMBER

AREA CODE/PHONE NUMBER

C A D 0 0 9 2 3 0 2 4

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS

UN/NA
NUMBER

TOTAL
QUANTITY

UNIT
WT/VOL

CONTAINER
NO. TYPE

WASTE
CAT. NO. ME

1.1.1. TRICHLOROETHANE ORM-E

U N 2 8 3 1 0 0 1 5 0 G 0 0 3 D M 2 1 1 0

COMPONENTS

CONC. RANGE
UPPER LOWER

UNITS
% PP

(SAME AS ABOVE)

OIL

DIRT

SPECIAL HANDLING INSTRUCTIONS

GLOVES & GOGGLES

This is to certify that the above-named wastes are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable requirements of the Department of Transportation and the EPA.

MO. DAY YR.
0 8 2 7 8 4

Printed or typed full name and signature R.J. SLATTERBECK

☐ Check if continuation sheet is used. Number of continuation sheets

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

Printed or typed full name and signature BOB MARTINEZ

DATE REC'D & ACCEPTED MO. DAY YR.
0 8 2 7 8 4

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

Printed or typed full name and signature

DATE REC'D & ACCEPTED MO. DAY YR.
AUG 30 1984

DISCREPANCY INDICATION SPACE

Plant Engineering

Facility owner or operator: Certification of receipt of hazardous waste covered by this manifest except as noted in the discrepancy indication space above. Note: TSDF must complete waste number. See instructions.

Printed or typed full name and signature

EPA ID NUMBER

DATE RECEIVED & ACCEPTED

MO. DAY YR.
27 84

UNIFORM HAZARDOUS WASTE MANIFEST

STATE ID NUMBER

83211401

Use print or type with ELITE type (12 characters per inch).

GENERATOR NAME AND MAILING ADDRESS

BENDIX CORP/ELECTRODYNAMICS
11600 SHERMAN WAY
NO HOLLYWOOD, CA., 91605-5387
AREA CODE/PHONE NUMBER (818)765-1010

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER

TRANSPORTER NO. 1

VEH./CONTAINER NO.

EPA ID NUMBER

OIL & SOLVENT PROCESS CO
1704 FIRST ST.
AZUSA, CA., 91702 (818)334-5117

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

VEH./CONTAINER NO.

EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY

OIL & SOLVENT PROCESS CO
1704 FIRST ST
AZUSA, CA., 91702 (818)334-5117
AREA CODE/PHONE NUMBER

EPA ID NUMBER

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS

UN/NA
NUMBER

TOTAL
QUANTITY

UNIT
WT/VOL

CONTAINER
NO. TYPE

WASTE
CAT. NO. DIS-
MET

1. WASTE FLAMMABLE LIQUID N.O.S.

UN 11993

00325

G

007DM

212

2. HAZARDOUS WASTE LIQUID ORM-E

NA 9189

00055

G

001DM

211

COMPONENTS

CONC. RANGE

UPPER

LOWER

UNITS

%

PPM

1.1 KETONES

32

28

%

1.2 ALIPHATICS

27

23

%

1.3 ALCOHOLS

12

8

%

1.4 AROMATICS

17

13

%

1.5 NON-VOLATIVE MATERIAL

22

18

%

2.1 TRICHLOROTRIFLUORETHANE

100

95

%

SPECIAL HANDLING INSTRUCTIONS

MAKE SURE BUNGS ARE TIGHT AND THAT DRUMS ARE NOT LEAKING

This is to certify that the above-named wastes are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable requirements of the Department of Transportation and the EPA.

MO.

DAY

YR.

Printed or typed full name and signature

R.J. SLATTERBECK

05

17

83

☐ Check if continuation sheet is used. Number of continuation sheets

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

DATE
REC'D
&
ACCEPTED

MO.

DAY

YR.

Printed or typed full name and signature

JIM HARTMAN

05

17

83

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

DATE
REC'D
&
ACCEPTED

MO.

DAY

YR.

Printed or typed full name and signature

DISCREPANCY INDICATION SPACE

Facility owner or operator: Certification of receipt of hazardous waste covered by this manifest except as noted in the discrepancy indication space above. Note: TSDF must complete waste number. See instructions.

DATE RECEIVED & ACCEPTED

EPA ID NUMBER

MO.

DAY

YR.

Printed or typed full name and signature

Please print or type with ELITE type (12 characters per inch).

P.O. #7067-354552

STATE ID NUMBER

83211400

GENERATOR NAME AND MAILING ADDRESS

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER

BENDIX CORP/ELECTRODYNAMICS
11500 SHERMAN WAY

AREA CODE/PHONE NUMBER
91605-5887

(818) 765-1010

TRANSPORTER NO. 1

VEH./CONTAINER NO.

EPA ID NUMBER

VAN WATERS & ROGERS
1363 S. BONNIE BEACH PL
LOS ANGELES, CA., 90023

(213)265-8123

01010512619 CLAD101091231024

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

VEH./CONTAINER NO.

EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY

EPA ID NUMBER

(VAN WATERS & ROGERS)
SAME AS TRANSPORTER #1

AREA CODE/PHONE NUMBER

CLAD101091231024

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS

UN/NA
NUMBER

TOTAL
QUANTITY

UNIT
WT/VOL

CONTAINER
NO. TYPE

WASTE
CAT. NO. ME

1,1,1. TRICHLOROETHANE

ORMEA

UN 2831

00385

G

007DM

2110

COMPONENTS

CONC. RANGE
UPPER LOWER

UNITS
% PPM

TRICHLOROETHANE

DIRT

OIL

SPECIAL HANDLING INSTRUCTIONS

GLOVES & GOGGLES

This is to certify that the above-named wastes are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable requirements of the Department of Transportation and the EPA.

MO.
05

DAY
09

YR.
84

Printed or typed full name and signature W.J. SPECK

☐ Check if continuation sheet is used. Number of continuation sheets

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

DATE
REC'D
&
ACCEPTED

MO.
05

DAY
09

YR.
84

Printed or typed full name and signature BOB MARTINEZ

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

DATE
REC'D
&
ACCEPTED

MO.

DAY

YR.

Printed or typed full name and signature

DISCREPANCY INDICATION SPACE

Facility owner or operator: Certification of receipt of hazardous waste covered by this manifest except as noted in the discrepancy indication space above. Note: TSDF must complete waste number. See instructions.

DATE RECEIVED & ACCEPTED

EPA ID NUMBER

MO.

DAY

YR.

Printed or typed full name and signature

TO BE FILLED IN BY GENERATOR

TO BE FILLED IN BY TRANSPORTER

TO BE FILLED IN BY TSDF

UNIFORM HAZARDOUS WASTE MANIFEST

Please print or type with ELITE type (12 characters per inch).

PO 8067-460024

STATE ID NUMBER

83211413

GENERATOR NAME AND MAILING ADDRESS BENDIX ELECTRODYNAMICS DIVISION 11600 Sherman Way W. Hollywood, CA 91605-5887 AREA CODE/PHONE NUMBER		MANIFEST DOCUMENT NUMBER EPA ID NUMBER CAD00832553A				
TRANSPORTER NO. 1 DISPOSAL CONTROL SERVICE 1369 W. 9th St. Upland, CA 91786 (800) 824-3345	VEH./CONTAINER NO. E7476 00055103	EPA ID NUMBER CAT08003418				
TRANSPORTER NO. 2/ALTERNATE TSD FACILITY	VEH./CONTAINER NO.	EPA ID NUMBER				
TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY CASMALIA DISPOSAL NTU ROAD CASMALIA, CA. 93429 AREA CODE/PHONE NUMBER *(805) 937-8449		EPA ID NUMBER CAD002074812				
PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS	UN/NA NUMBER	TOTAL QUANTITY	UNIT WT/VOL	CONTAINER NO.	WASTE CAT. NO.	DI
ACID NOS -CORROSIVE	UN176002050	2	G	001TC	112	
NITRIC	UN203100000	0	G	001TC	112	
COMPONENTS			CONC. RANGE		UNITS	
			UPPER	LOWER	%	PPM
HYDROFLUORIC ACID					%	
NITRIC ACID			less than	2	%	
PH - 1			less than	1	%	
NEUTRALIZED WITH 2,000 G. water			98		%	
SPECIAL HANDLING INSTRUCTIONS GLOVES AND GOGGLES LX# 3-6245						
This is to certify that the above-named wastes are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable requirements of the Department of Transportation and the EPA.						
Printed or typed full name and signature WALTER SPECK				MO. 10	DAY 08	YR. 84
<input type="checkbox"/> Check if continuation sheet is used. Number of continuation sheets						
TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES MIKE McMANAMA				DATE REC'D & ACCEPTED OCT 19 1984	MO. 10	DAY 08
TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES				DATE REC'D & ACCEPTED	MO.	DAY
Printed or typed full name and signature						
DISCREPANCY INDICATION SPACE Plant Engineering						
Facility owner or operator: Certification of receipt of hazardous waste covered by this manifest except as noted in the discrepancy indication space above. Note: TSDF must complete waste number. See instructions. Casmalia Resources #29729- Alice Griest						
Printed or typed full name and signature				EPA ID NUMBER 040020748125	MO. 10	DAY 08

SUBSTANCES CONTROL DIVISION

Hazardous Waste Manifest

FORM NO. 380-0022A 3-84

P.O. #8067-462245

PERMIT #3-4742
STATE ID NUMBER

83723795

4 P Street
Menlo, CA 95814

Print or type with ELITE type (12 characters per inch).

GENERATOR NAME AND MAILING ADDRESS

BENDIX/ELECTRODYNAMICS DIVN

11800 SHERMAN WAY

NO. HOLLYWOOD, CA., 91805

AREA CODE/PHONE NUMBER

(818)765-1010

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER

C A D O 0 8 3 2 5 5 3 4

TRANSPORTER NO. 1 NAME AND MAILING ADDRESS

DISPOSAL CONTROL SERVICES

1369 W. 9th ST.

UPLAND, CA., 91786

(800)824-3345

VEH/CONTAINER NO.

EPA ID NUMBER

E-74-76

0 0 0 5 6 1 4 1 C I A T O 8 0 0 3 4 1 8

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

VEH/CONTAINER NO.

EPA ID NUMBER

AREA CODE/PHONE NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY

CASMALIA DISPOSAL

NTU ROAD

CASMALIA, CA., 93429

AREA CODE/PHONE NUMBER

(805)937-8449

EPA ID NUMBER

C I A S I O 2 0 7 4 8 1 2

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS

UN/NA
NUMBERTOTAL
QUANTITYUNIT
WT/VOLCONTAINER
NO. TYPEWASTE
CAT. NO. DIS
MET

SODIUM CYANIDE-

POISON B

UN 1 6 8 9

0 0 5 2 0

G

0 0 1 T C

1 2 1 9

COMPONENTS

CONC. RANGE
UPPER LOWERUNITS
% PPMCYANIDE ~~SODIUM~~ SOLUTION

3%

WATER

900 GALS

SPECIAL HANDLING INSTRUCTIONS

GLOVES & GOGGLES

This is to certify that the above-named wastes are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable requirements of the Department of Transportation and the EPA.

Printed or typed full name and signature

WALTER SPECK

MO.

DAY

YR.

1 1

1 6

8 4

☐ Check if continuation sheet is used. Number of continuation sheets

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

DATE
REC'D
&
ACCEPTED

MO.

DAY

YR.

Printed or typed full name and signature

JULIO OCHOA

1 1

1 6

8 4

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

DATE
REC'D
&
ACCEPTED

MO.

DAY

YR.

Printed or typed full name and signature

Plant Engineering

1 1

1 6

8 4

DISCREPANCY INDICATION SPACE

Facility owner or operator: Certification of receipt of hazardous waste covered by this manifest except as noted in the discrepancy indication space above. Note: TSD/F must complete waste number.

DATE RECEIVED & ACCEPTED

EPA ID NUMBER

MO.

DAY

YR.

Printed or typed full name and signature

Carol Johnston

C A D O 2 0 7 4 8 1 2 5 1 1 1 9 8 4

TO BE FILLED IN BY GENERATOR

TO BE FILLED IN
BY TRANSPORTERTO BE FILLED IN
BY TSD/F

CA 95814

P.O. #8067-459035

STATE ID NUMBER

83211410

Print or type with ELITE type (12 characters per inch)

GENERATOR NAME AND MAILING ADDRESS

BENDIX ELECTRODYNAMICS DIVISION
11600 Sherman Way
No. Hollywood, CA 91605-5887

AREA CODE/PHONE NUMBER

(818) 765-1010

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER

TRANSPORTER NO. 1

DISPOSAL CONTROL SERVICE

1369 W. 9th St.

Upland, CA 91786 (800) 824-3345

VEH./CONTAINER NO.

EPA ID NUMBER

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

VEH./CONTAINER NO.

EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY

CASMALIA DISPOSAL

NTU ROAD

CASMALIA, CA. 93429

(805) 937-8449

EPA ID NUMBER

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS

UN/NA
NUMBERTOTAL
QUANTITYUNIT
WT/VOLCONTAINER
NO. TYPEWASTE DI
CAT. NO. ME

CHROMIC ACID CORROSIVE

UN 1755

2500

G

0018

112

COMPONENTS

CONC. RANGE
UPPER LOWERUNITS
% PPM

CHROMIC ACID

185

WATER

95%

95

%

SPECIAL HANDLING INSTRUCTIONS

GLOVES AND GOGGLES

This is to certify that the above-named wastes are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable requirements of the Department of Transportation and the EPA.

Printed or typed full name and signature

WALTER J. SPECK - R. J. SLATTERBECK

MO.

DAY

YR.

08

11

84

☐ Check if continuation sheet is used. Number of continuation sheets

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

Printed or typed full name and signature

TOM CASTANEDA

DATE
REC'D
&
ACCEPTED

MO.

DAY

YR.

08

11

84

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

Printed or typed full name and signature

DATE
REC'D
&
ACCEPTED

MO.

DAY

YR.

DISCREPANCY INDICATION SPACE

Facility owner or operator: Certification of receipt of hazardous waste covered by this manifest except as noted in the discrepancy indication space above. Note: TSDF must complete waste number. See instructions.

EPA ID NUMBER

DATE RECEIVED & ACCEPTED

MO.

DAY

YR.

Printed or typed full name and signature

TO BE FILLED IN BY GENERATOR

TO BE FILLED IN
BY TRANSPORTERTO BE FILLED
IN BY TSDF

UNIFORM HAZARDOUS WASTE MANIFEST

W.O.#1548
P.O.#8067-457988

STATE ID NUMBER

83211405

Please print or type with ELITE type (12 characters per inch).

GENERATOR NAME AND MAILING ADDRESS

BENDIX CORP/ELECTRODYNAMICS DIV
11600 SHERMAN WAY
NO.HOLLYWOOD, CA., 91605-5887
AREA CODE/PHONE NUMBER

(818)765-1010

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER

TRANSPORTER NO. 1

DISPOSAL CONTROL SERVICE
1369 W. 9th ST.
UPLAND, CA., 91786

(800)824-3345

VEH./CONTAINER NO.

EPA ID NUMBER

00044785
XXXXXXXXXX

CAT08003418

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

VEH./CONTAINER NO.

EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY

CASMALIA DISPOSAL
NTU ROAD
CASMALIA, CA., 93429
AREA CODE/PHONE NUMBER

(805)937-8449

EPA ID NUMBER

CAD02074812

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS

UN/NA
NUMBER

TOTAL
QUANTITY

UNIT
WT/VOL

CONTAINER
NO. TYPE

WASTE DIS
CAT. NO. MET

CHROMIC ACID CORROSIVE

UN 1755 00268

G

001CT

112

NITRIC ACID CORROSIVE

UN 2031 00030

G

001CT

112

COMPONENTS

CONC. RANGE
UPPER LOWER

UNITS
% PPM

CHROMIC (2 TANKS) WATER 90%

(#1) 125 G

XXXX

10

%

"

WATER 80%

(#2) 143 G

20

%

NITRIC ACID

WATER 85%

30 G

15

%

SPECIAL HANDLING INSTRUCTIONS

GLOVES & GOGGLES

This is to certify that the above-named wastes are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable requirements of the Department of Transportation and the EPA.

MO.

DAY

YR.

Printed or typed full name and signature

WALT J. SPECK

08

15

84

☐ Check if continuation sheet is used. Number of continuation sheets

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

DATE
REC'D
ACCEPTED

MO.

DAY

YR.

Printed or typed full name and signature

JULIO OCHOA

RECEIVED

15

84

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

DATE
REC'D
&
ACCEPTED

MO.

DAY

YR.

Printed or typed full name and signature

Plant Engineering

DISCREPANCY INDICATION SPACE

Facility owner or operator: Certification of receipt of hazardous waste covered by this manifest except as noted in the discrepancy indication space above. Note: TSDF must complete waste number. See instructions.

DATE RECEIVED & ACCEPTED

EPA ID NUMBER

MO.

DAY

YR.

Printed or typed full name and signature

UNIFORM HAZARDOUS WASTE MANIFEST

W.D.#0743

P.O.#8067-455840 Return to Generator STATE ID NUMBER

83211399

Print or type with ELITE type (12 characters per inch).

GENERATOR NAME AND MAILING ADDRESS

BENDIX CORP/ELECTRODYNAMICS
11600 SHERMAN WAY
NO HOLLYWOOD, CA., 91605-5887

AREA CODE/PHONE NUMBER

(818) 765-1010

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER

CAD0008326334

TRANSPORTER NO. 1

VEH./CONTAINER NO.

EPA ID NUMBER

DISPOSAL CONTROL SERVICE
1369 W. 9th STREET
UPLAND, CA., 91786

(800) 824-3345

00044788 CAT08003418

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

VEH./CONTAINER NO.

EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY

CASMALIA DISPOSAL
NTU ROAD
CASMALIA, CA., 93429

AREA CODE/PHONE NUMBER

(805)937-8449

EPA ID NUMBER

CAS020748125

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS

UN/NA
NUMBER

TOTAL
QUANTITY

UNIT
WT/VOL

CONTAINER
NO. TYPE

WASTE
CAT. NO. MET

CORROSIVE LIQUIDS N.O.S. MIXED ACIDS

UN 1826 1300 G

001CT 111

COMPONENTS

CONC. RANGE
UPPER LOWER

UNITS
% PPM

CHROMIC ACID 268 G WATER 70%

30 Z

OAKITE 90 180 G WATER 88%

12 Z

HYDROCHLORIC ACID 100 G WATER 28%

72 Z

BLUE DYE 140 G WATER 99%

1.0 Z

SPECIAL HANDLING INSTRUCTIONS

GLOVES & GOGGLES

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Printed or typed full name and signature

WALT J. SPECK

MO. 07 DAY 02 YR. 84

Check if continuation sheet is used. Number of continuation sheets

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

DATE
REC'D
&
ACCEPTED

MO. 07 DAY 02 YR. 84

Printed or typed full name and signature

JAMES LAWRENCE

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

DATE
REC'D
&
ACCEPTED

MO. DAY YR.

Printed or typed full name and signature

AGENCY INDICATION SPACE

Generator, transporter, or operator: Certification of receipt of hazardous waste covered by this manifest except as noted in the indication space above. Note: TSDF must complete waste number.

23123-

1a Resources Alice Griest

full name and signature

EPA ID NUMBER

CAD020748125

DATE RECEIVED & ACCEPTED

MO. 07 DAY 02 YR. 84

TO BE FILLED IN BY GENERATOR

TO BE FILLED IN BY TSD

TO BE FILLED IN BY TSD

UNIFORM HAZARDOUS WASTE MANIFEST

P.O. #8067-452573

STATE ID NUMBER

83211396

Please print or type with ELITE type (12 characters per inch).

GENERATOR NAME AND MAILING ADDRESS

BENDIX CORP/ELECTRODYNAMICS

11600 SHERMAN WAY

NO HOLLYWOOD, CA . 91605-5448 5887

AREA CODE/PHONE NUMBER

(818)765-1010

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER

TRANSPORTER NO. 1

VEH./CONTAINER NO.

EPA ID NUMBER

DISPOSAL CONTROL SERVICE

1369 W. 9th STREET

UPLAND, CA, 91786

(800) 324-3345

000044785CAT08003412

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

VEH./CONTAINER NO.

EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY

EPA ID NUMBER

CASMALIA DISPOSAL

NTU ROAD

CASMALIA, CA. 93429

(805)937-8449

AREA CODE/PHONE NUMBER

CAD02074812

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS

UN/NA
NUMBER

TOTAL
QUANTITY

UNIT
WT/VOL

CONTAINER
NO. TYPE

WASTE
CAT. NO. ME

NITRIC ACID CORROSIVE

U N 2 0 3 1 0 0 1 0 0

G

0 0 1 T I C 1 1 2

CHROMIC ACID CORROSIVE

U N 1 7 5 5 0 0 2 6 5

G

0 0 1 T I C 1 1 2

COMPONENTS

CONC. RANGE
UPPER LOWER

UNITS
% PPM

NITRIC (2-TANKS)

#1) 60 G.
#2) 40 G.

#1) 1
#2) 3

%
%

CHROMIC

12

%

WATER

99%

SPECIAL HANDLING INSTRUCTIONS

GLOVES & GOGGLES

This is to certify that the above-named wastes are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable requirements of the Department of Transportation and the EPA.

MO.

DAY

YR.

Printed or typed full name and signature

R.J. SLATTERBECK

0 3

2 3

8 4

☐ Check if continuation sheet is used. Number of continuation sheets

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

DATE
REC'D
&
ACCEPTED

MO.

DAY

YR.

Printed or typed full name and signature

JULIO OCHOA

0 3

2 3

8 4

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

DATE
REC'D
&
ACCEPTED

MO.

DAY

YR.

Printed or typed full name and signature

DISCREPANCY INDICATION SPACE

Facility owner or operator: Certification of receipt of hazardous waste covered by this manifest except as noted in the discrepancy indication space above. Note: TSDF must complete waste number.

EPA ID NUMBER

DATE RECEIVED & ACCEPTED

MO.

DAY

YR.

Casmalia Resources #18400-

Alice Crieft

Printed or typed full name and signature

ate of California--Health and Welfare Agency
AZARDOUS WASTE MANAGEMENT BRANCH
14-744 P Street
icramento, CA 95814

Department of Health Services

ease print or type with ELITE type (12 characters per inch).

UNIFORM HAZARDOUS WASTE MANIFEST

P.O. #4725
STATE ID NUMBER

83211394

GENERATOR NAME AND MAILING ADDRESS
BENDIE CORP/ELECTRODYNAMICS DIVN
11600 SHERMAN WAY
NO HOLLYWOOD, CA., 91605-5087
AREA CODE/PHONE NUMBER (818)765-1010

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER
0 A D 0 0 8 3 2 5 3 3 4 1 1 1

TRANSPORTER NO. 1
DISPOSAL CONTROL SERVICES
1369 W.9th ST.
UPLAND, CA., 91786
(800)824-3345

VEH./CONTAINER NO.
EPA ID NUMBER
0 0 0 1 4 1 7 1 8 1 5 0 A T 0 8 0 0 3 4 1 8

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY
CASMALIA NISROSAK
NINXROAB
CASMALIAKAX RAXX 92AXX
(805)937-8449

VEH./CONTAINER NO.
EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY
CASMALIA DISPOSAL
NTU ROAD
CASMALIA, CA., 93419
AREA CODE/PHONE NUMBER (805)937-8449

EPA ID NUMBER
0 A D 0 0 2 0 7 4 8 1 2

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS		UN/NA NUMBER	TOTAL QUANTITY	UNIT WT/VOL	CONTAINER NO.	TYPE	WASTE CAT. NO.	DIS ME
CHROMIC ACID	CORROSIVE	U N 1 7 5 5	0 0 1 3 6	G	0 0 1	C T	1 1 2	0
SULFURIC ACID	CORROSIVE	U N 1 8 3 2	0 0 0 9 0	G	0 0 1	C T	1 1 2	0

COMPONENTS			CONC. RANGE		UNITS	
			UPPER	LOWER	%	PPM
1.1 CHROMIC			12.5		%	
2.1 SULFURIC			12.5		%	

SPECIAL HANDLING INSTRUCTIONS
GLOVES & GOGGLES

This is to certify that the above-named wastes are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable requirements of the Department of Transportation and the EPA.
Printed or typed full name and signature R.J. SLATTERBECK
MO. 0 1 2 DAY 2 1 YR. 8 4
☐ Check if continuation sheet is used. Number of continuation sheets

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES
Printed or typed full name and signature JULIO OCHOA
DATE REC'D & ACCEPTED MO. 0 1 2 DAY 2 1 YR. 8 4
TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES
08/P
Printed or typed full name and signature
DATE REC'D & ACCEPTED MO. DAY YR.

DISCREPANCY INDICATION SPACE

Facility owner or operator: Certification of receipt of hazardous waste covered by this manifest except as noted in the discrepancy indication space above. Note: TSDF must complete waste number.
CASMALIA RESOURCES #17095
Paulette Hopkins
Printed or typed full name and signature
EPA ID NUMBER
0 A D 0 0 2 0 7 4 8 1 2 5 0 2 2 2 1 8 4
DATE RECEIVED & ACCEPTED
MO. DAY YR.

TO BE FILLED IN BY GENERATOR
TO BE FILLED IN BY TRANSPORTER
TO BE FILLED IN BY TSDF

RECEIVED
FEB 26 1984
Plant Engineering

UNIFORM HAZARDOUS WASTE MANIFEST

XXXXXX P.O. #8067-430844

W.O. #4551
STATE ID NUMBER

83211392

Please print or type with ELITE type (12 characters per inch).

GENERATOR NAME AND MAILING ADDRESS
BENDIX ELECTRODYNAMICS
11600 SHERMAN WAY
NO HOLLYWOOD, CA., 91605-337
AREA CODE/PHONE NUMBER

(818) 765-1010

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER

C A D 0 0 8 3 2 5 3 3 4

TRANSPORTER NO. 1
DISPOSAL CONTROL SERVICES
1369 W. 9th ST
UPLAND, CA., 91786

(800) 824-3345

VEH./CONTAINER NO.

EPA ID NUMBER

0 0 0 4 4 7 3 8

C A T 0 8 0 0 3 4 1 3

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

VEH./CONTAINER NO.

EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY

CASMALIA DISPOSAL
NTU ROAD
CASMALIA, CA., 93429
AREA CODE/PHONE NUMBER

(805) 937-8449

EPA ID NUMBER

C A D 0 2 0 7 4 8 1 2

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS	UN/NA NUMBER	TOTAL QUANTITY	UNIT WT/VOL	CONTAINER NO.	WASTE CAT. NO.	WASTE DI
MURATIC ACID	N.O.S. CORROSIVE	400	G	001	TIC	112

COMPONENTS			CONC. RANGE		UNITS	
			UPPER	LOWER	%	PPM
MURATIC				2	X	
WATER 75% XXXXX 300 GALS				8	X	

SPECIAL HANDLING INSTRUCTIONS

GLOVES & GOGGLES

This is to certify that the above-named wastes are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable requirements of the Department of Transportation and the EPA.

Printed or typed full name and signature **WALTER J. SPECK**

☐ Check if continuation sheet is used. Number of continuation sheets

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

Printed or typed full name and signature **JIM LAWRENCE**

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

Printed or typed full name and signature

DISCREPANCY INDICATION SPACE

Facility owner or operator: Certification of receipt of hazardous waste covered by this manifest except as noted in the discrepancy indication space above. Note: TSDF must complete waste number. See instructions. 16163-2070165

Casmalia Resources
Printed or typed full name and signature **Renee George**

DATE RECEIVED & ACCEPTED

EPA ID NUMBER

MO. DAY YR.

TO BE FILLED IN BY GENERATOR

TO BE FILLED IN BY TRANSPORTER

TSDF

ase print or type with ELITE type (12 characters per inch).

P.O.# 8067-450300

W.O.#4402

STATE ID NUMBER

83199567

GENERATOR NAME AND MAILING ADDRESS
BENDIX CORP/ELECTRODYNAMICS DIVN
11600 SHERMAN WAY
NO HOLLYWOOD, CA., 91605
AREA CODE/PHONE NUMBER (213)765-1010

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER

Q A D Q a 8 3 2 5 3 3 4

TRANSPORTER NO. 1
DISPOSAL CONTROL SERVICE
1369 W. 9th ST.
UPLAND, CA., 91786
(800-824-3345)

VEH./CONTAINER NO.

EPA ID NUMBER

0 000 1 4 1 7 1 8 4 C A D 0 8 0 0 3 4 1 8

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

VEH./CONTAINER NO.

EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY
BKK LANDFILL
2210 ABUSA
W. COVINA, CA.
AREA CODE/PHONE NUMBER (213)965-0916

EPA ID NUMBER

C A D 0 6 7 7 8 6 7 4

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS	UN/NA NUMBER	TOTAL QUANTITY	UNIT WT/VOL	CONTAINER NO.	WASTE CAT. NO.	DI ME
CHROMIC ACID CORROSIVE	UN 1755	05000	G	001	CT 112	0

COMPONENTS	CONC. RANGE		UNITS	
	UPPER	LOWER	%	PPM
CHROMIC ACID				86

SPECIAL HANDLING INSTRUCTIONS

GLOVES & GOGGLES

This is to certify that the above-named wastes are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable requirements of the Department of Transportation and the EPA.

Printed or typed full name and signature *Walter J. Speck* **WALTER J. SPECK**
☐ Check if continuation sheet is used. Number of continuation sheets

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

Printed or typed full name and signature *Randy L. Allen* **RANDY L. ALLEN**
DATE REC'D & ACCEPTED

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

Printed or typed full name and signature
DATE REC'D & ACCEPTED

DISCREPANCY INDICATION SPACE

Facility owner or operator: Certification of receipt of hazardous waste covered by this manifest except as noted in the discrepancy indication space above. Note: TSD must complete waste number. See instructions.

DATE RECEIVED & ACCEPTED

Printed or typed full name and signature *Diane Allen* **DIANE ALLEN**
EPA ID NUMBER 010067786749
DATE RECEIVED & ACCEPTED 01 05 84

TO BE FILLED IN BY GENERATOR

TO BE FILLED IN BY TRANSPORTER

TO BE FILLED IN BY TSD

Please print or type with ELITE type (12 characters per inch).

P.O.#8067-450300

STATE ID NUMBER

83317233

GENERATOR NAME AND MAILING ADDRESS

BENDIX CORP/ELECTRODYNAMIS DIVN
11600 SHERMAN WAY
NO HOLLYWOOD, CA., 91605

AREA CODE/PHONE NUMBER

(213)765-1010

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER

TRANSPORTER NO. 1

VEH./CONTAINER NO.

EPA ID NUMBER

DISPOSAL CONTROL SERVICES
1369 W.9th STREET
UPLAND, CA., 91786

(800)824-3345

010104171814

CAT08003418
XXXXXXXXXXXXXXXXXXXX

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

VEH./CONTAINER NO.

EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY

BKK LANDFILL
2210 AZUSA
W. COVINA, CA.

AREA CODE/PHONE NUMBER

(213)965-0916

EPA ID NUMBER

CIAID01617178161714

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS

UN/NA
NUMBER

TOTAL
QUANTITY

UNIT
WT/VOL

CONTAINER
NO. TYPE

WASTE
CAT. NO. ME

CHROMIC ACID

UN1171515

015101010

G

01011

CIT

1112

COMPONENTS

CONC. RANGE
UPPER LOWER

UNITS
% PPM

CHROMIC ACID

86

SPECIAL HANDLING INSTRUCTIONS

GLOVES & GOGGLES

This is to certify that the above-named wastes are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable requirements of the Department of Transportation and the EPA.

MO.

DAY

YR.

Printed or typed full name and signature **WALTER J. SPECK**

011

05

814

☐ Check if continuation sheet is used. Number of continuation sheets

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

DATE
REC'D
&
ACCEPTED

MO.

DAY

YR.

Printed or typed full name and signature **RANDY L. ALLEN**

011

05

814

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

DATE
REC'D
&
ACCEPTED

MO.

DAY

YR.

Printed or typed full name and signature

DISCREPANCY INDICATION SPACE

Facility owner or operator: Certification of receipt of hazardous waste covered by this manifest except as noted in the discrepancy indication space above. Note: TSDF must complete waste number. See instructions.

DATE RECEIVED & ACCEPTED

EPA ID NUMBER

MO.

DAY

YR.

Printed or typed full name and signature

TO BE FILLED IN BY GENERATOR

TO BE FILLED IN BY TRANSPORTER

TO BE FILLED IN BY TSDF

UNIFORM HAZARDOUS WASTE MANIFEST
GENERATOR COPY
P.O. 70067-45034

H.O. #4440
STATE ID NUMBER

83211389

please print or type with ELITE type (12 characters per inch).

GENERATOR NAME AND MAILING ADDRESS BENDIX CORP/ELECTRODYNAMICS DIVN 11600 SHERMAN WAY NO HOLLYWOOD, CA., 91605-5887 AREA CODE/PHONE NUMBER (818)765-1010					MANIFEST DOCUMENT NUMBER EPA ID NUMBER C A D 0 0 8 3 2 5 3 3 4								
TRANSPORTER NO. 1 DISPOSAL CONTROL SERVICE 1369 W. 9th St. UPLAND, CA., 91786 (800)824-3345					VEH./CONTAINER NO. 0 0 0 4 4 7 8 5		EPA ID NUMBER C A D 0 8 0 0 3 4 1 8						
TRANSPORTER NO. 2/ALTERNATE TSD FACILITY XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXX					VEH./CONTAINER NO.		EPA ID NUMBER						
TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY CASMALIA DISPOSAL NTU ROAD CASMALIA, CA., 93429 AREA CODE/PHONE NUMBER (805)937-8449					EPA ID NUMBER C A D 0 2 0 7 4 8 1 2								
PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS					UN/NA NUMBER	TOTAL QUANTITY	UNIT WT/VOL	CONTAINER NO.	TYPE	WASTE CAT. NO.	DI ME		
CHROMIC ACID CORROSIVE					UN 1 7 5 5	0 0 4 8 0	G	0 0 1	C T	1 1 2	0		
MURATIC ACID CORROSIVE					UN 1 7 8 9	0 0 0 4 0	G	0 0 1	C T	1 1 2	0		
COMPONENTS							CONC. RANGE		UNITS		PPM		
							UPPER LOWER		%				
CHROMIC ACID									10%				
MURATIC ACID									10%				
SPECIAL HANDLING INSTRUCTIONS GLOVES & GOGGLES													
This is to certify that the above-named wastes are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable requirements of the Department of Transportation and the EPA.													
Printed or typed full name and signature WALTER J. SPECK										MO. 0 1	DAY 1 3	YR. 8 4	
<input type="checkbox"/> Check if continuation sheet is used. Number of continuation sheets													
TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES													
Printed or typed full name and signature JULIO OCHOA										DATE REC'D & ACCEPTED	MO. 0 1	DAY 1 3	YR. 8 4
TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES													
Printed or typed full name and signature										DATE REC'D & ACCEPTED	MO.	DAY	YR.
DISCREPANCY INDICATION SPACE													
Facility owner or operator: Certification of receipt of hazardous waste covered by this manifest except as noted in the discrepancy indication space above. Note: TSD must complete waste number.													
See instructions Casmlia Resources #15278- Alice Griest Printed or typed full name and signature													
EPA ID NUMBER										DATE RECEIVED & ACCEPTED	MO. 0 1	DAY 1 3	YR. 8 4

TO BE FILLED IN BY GENERATOR

TO BE FILLED IN BY TRANSPORTER

TO BE FILLED IN BY TSD

UNIFORM HAZARDOUS WASTE MANIFEST

P.O. #8067-450300 **13**

W.O. #4402

STATE ID NUMBER **83199566**

Please print or type with ELITE type (12 characters per inch).

GENERATOR NAME AND MAILING ADDRESS

BENDIX CORP/ELECTRODYNAMICS DIVN
11600 SHERMAN WAY
NO HOLLYWOOD, CA., 91605
AREA CODE/PHONE NUMBER **(213)765-1010**

3585

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER

C A D D 0 0 8 3 2 5 3 3 4

TRANSPORTER NO. 1

DISPOSAL CONTROL SERVICES
1369 W. 9th ST.
UPLAND, CA., 91786
(800)824-3345

VEH./CONTAINER NO.

EPA ID NUMBER

0 0 0 0 1 4 4 7 8 4 C A T 0 8 0 0 3 4 1 8

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

VEH./CONTAINER NO.

EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY

BKK LANDFILL
2210 AZUSA
W. COVINA, CA.,
AREA CODE/PHONE NUMBER **(213)965-0916**

EPA ID NUMBER

C A D D 0 5 7 7 3 5 7 4

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS

UN/NA NUMBER

TOTAL QUANTITY

UNIT WT/VOL

CONTAINER NO. TYPE

WASTE CAT. NO. M

CHROMIC ACID CORROSIVE

U N 1 7 5 5

0 5 0 0 0

6

0 0 1 C T

1 1 2

COMPONENTS

CONC. RANGE UPPER LOWER

UNITS % PP

CHROMIC ACID

SPECIAL HANDLING INSTRUCTIONS

GLOVES & GOGGLES

This is to certify that the above-named wastes are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable requirements of the Department of Transportation and the EPA.

Walter J. Speck
WALTER J. SPECK

Printed or typed full name and signature

☐ Check if continuation sheet is used. Number of continuation sheets

MO. DAY YR.
0 1 0 4 8 4

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

Printed or typed full name and signature

RANDY L ALLEN

DATE REC'D & ACCEPTED

MO. DAY YR.
0 1 0 4 8 4

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

Printed or typed full name and signature

DATE REC'D & ACCEPTED

MO. DAY YR.

DISCREPANCY INDICATION SPACE

Facility owner or operator: Certification of receipt of hazardous waste covered by this manifest except as noted in the discrepancy indication space above. Note: TSDF must complete waste number. See instructions.

Printed or typed full name and signature

EPA ID NUMBER

DATE RECEIVED & ACCEPTED

MO. DAY YR.
0 1 0 5 8 4

C A D D 0 6 1 7 1 3 1 6 1 7 1 9

UNIFORM HAZARDOUS WASTE MANIFEST

P.O. #8067-450300

W.O. #4402

STATE ID NUMBER

83199565

Please print or type with ELITE type (12 characters per inch).

GENERATOR NAME AND MAILING ADDRESS
BENDIX CORP/ELECTRODYNAMICS
11600 SHERMAN WAY
NO. HOLLYWOOD, CA., 91605

AREA CODE/PHONE NUMBER

(213)765-1010

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER

TRANSPORTER NO. 1

DISPOSAL CONTROL SERVICES
1369 W. 9th ST.
UPLAND, CA., 91786

800-824-3345

VEH/CONTAINER NO.

EPA ID NUMBER

CA D 0 0 8 3 2 5 3 3 4

0 0 4 4 7 8 4

CA T 0 8 0 0 3 4 1 8

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY

BKK LANDFILL
2210 AZUSA
W. COVINA, CA.

AREA CODE/PHONE NUMBER

(213)965-0916

EPA ID NUMBER

CA D 0 6 7 7 8 6 7 4

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS

UN/NA
NUMBER

TOTAL
QUANTITY

UNIT
WT/VOL

CONTAINER
NO. TYPE

WASTE
CAT. NO.

CHROMIC ACID

CORROSIVE

UN 1 7 5 5 0 5 0 0 0

G 0 0 1 C T 1 1 2 0

COMPONENTS

CONC. RANGE
UPPER LOWER

UNITS
% PPM

CHROMIC ACID

8

SPECIAL HANDLING INSTRUCTIONS

GLOVES & GOGGLES

This is to certify that the above-named wastes are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable requirements of the Department of Transportation and the EPA.

Printed or typed full name and signature

Walter J. Speck
WALTER J. SPECK

MO.

DAY

YR.

0 1

0 4

8 4

☐ Check if continuation sheet is used. Number of continuation sheets

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

Printed or typed full name and signature

Randy L. Allen
RANDY L. ALLEN

DATE
REC'D
&
ACCEPTED

MO.

DAY

YR.

0 1

0 4

8 4

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

Printed or typed full name and signature

DATE
REC'D
&
ACCEPTED

MO.

DAY

YR.

DISCREPANCY INDICATION SPACE

Facility owner or operator: Certification of receipt of hazardous waste covered by this manifest except as noted in the discrepancy indication space above. Note: TSD Facility must complete waste number. See instructions.

Printed or typed full name and signature

Ron Sager
RON SAGER

EPA ID NUMBER

CA 0 0 6 7 7 8 6 7 4 9

DATE RECEIVED & ACCEPTED

MO.

DAY

YR.

0 1

0 4

8 4

TO BE FILLED IN BY GENERATOR

TO BE FILLED IN BY TRANSPORTER

TO BE FILLED IN BY TSDF

UNIFORM HAZARDOUS WASTE MANIFEST

Please print or type with ELITE type (12 characters per inch).

XXXXXX P.O. #8067-450300

W.O. #4402
STATE ID NUMBER

83199564

GENERATOR NAME AND MAILING ADDRESS BENDIX CORP/ELECTRODYNAMICS 11600 SHERMAN WAY NO. HOLLYWOOD, CA., 91605 AREA CODE/PHONE NUMBER (213)765-1010				MANIFEST DOCUMENT NUMBER EPA ID NUMBER			
TRANSPORTER NO. 1 DISPOSAL CONTROL SERVICES 1369 W. 9th ST UPLAND, CA., 91786 XXXXXX 800-824-3345				VEH./CONTAINER NO. 03585		EPA ID NUMBER C A D 0 0 8 3 2 5 3 4	
TRANSPORTER NO. 2/ALTERNATE TSD FACILITY				VEH./CONTAINER NO. 09041784		EPA ID NUMBER C A T 0 8 0 0 3 4 1 8	
TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY BKK LANDFILL 2210 AZUSA W. COVINA, CA., AREA CODE/PHONE NUMBER (213)965-0916				EPA ID NUMBER C A D 0 6 7 7 8 6 7 4			
PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS		UN/NA NUMBER	TOTAL QUANTITY	UNIT WT/VOL	CONTAINER NO.	WASTE CAT. NO.	WASTE D. MI.
CHROMIC ACID CORROSIVE		UN 1755	05000	6	0101	CIT 1112	C
COMPONENTS				CONC. RANGE		UNITS	
				UPPER LOWER		% PPM	
CHROMIC ACID						86	
SPECIAL HANDLING INSTRUCTIONS GLOVES & GOGGLES							
This is to certify that the above-named wastes are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable requirements of the Department of Transportation and the EPA.							
Printed or typed full name and signature <i>Walter J. Speck</i> WALTER J. SPECK				MO. 01	DAY 04	YR. 84	
<input type="checkbox"/> Check if continuation sheet is used. Number of continuation sheets							
TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES <i>Randy L. Allen</i> Printed or typed full name and signature				DATE REC'D & ACCEPTED 01	MO. 01	DAY 04	YR. 84
TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES				DATE REC'D & ACCEPTED	MO.	DAY	YR.
DISCREPANCY INDICATION SPACE BICK #1-6							
Facility owner or operator: Certification of receipt of hazardous waste covered by this manifest except as noted in the discrepancy indication space above. Note: TSD must complete waste number. <i>[Signature]</i> Printed or typed full name and signature				DATE RECEIVED & ACCEPTED MO. DAY YR.			

HAZARDOUS WASTE MANAGEMENT BRANCH
4-744 P Street
Sacramento, CA 95814

UNIFORM HAZARDOUS WASTE MANIFEST

P.O. #8067-450309

W.O. #4442

STATE ID NUMBER

83211388

Print or type with ELITE type (12 characters per inch).

GENERATOR NAME AND MAILING ADDRESS

BENDIX CORP/EELECTRODYNAMICS
11600 SHERMAN WAY
NO. HOLLYWOOD, CA., 91605

AREA CODE/PHONE NUMBER

(213)765-1010

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER

TRANSPORTER NO. 1

LIQUID WASTE MANAGEMENT (DISPOSAL CONTROL SERVICE)
1369 W. 9th ST.
UPLAND, CA 91786

(800)824-3345

VEH./CONTAINER NO.

EPA ID NUMBER

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

VEH./CONTAINER NO.

EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY

BKK LANDFILL
2210 AZUSA
W. COVINA, CA

AREA CODE/PHONE NUMBER

(213)965-0916

EPA ID NUMBER

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS

UN/NA
NUMBER

TOTAL
QUANTITY

UNIT
WT/VOL

CONTAINER
NO. TYPE

WASTE
CAT. NO. DIS
ME

CHROMIC ACID

CORROSIVE

UN 1755

05000

6

001

CT

112

2

COMPONENTS

CONC. RANGE
UPPER LOWER

UNITS
% PPM

CHROMIC ACID

86

SPECIAL HANDLING INSTRUCTIONS

GLOVES & GOGGLES

This is to certify that the above-named wastes are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable requirements of the Department of Transportation and the EPA.

Printed or typed full name and signature **WALTER J. SPECK**

MO.

DAY

YR.

01

03

84

☐ Check if continuation sheet is used. Number of continuation sheets

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

DATE
REC'D
&
ACCEPTED

MO.

DAY

YR.

01

03

84

Printed or typed full name and signature

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

DATE
REC'D
&
ACCEPTED

MO.

DAY

YR.

Printed or typed full name and signature

DISCREPANCY INDICATION SPACE

Facility owner or operator: Certification of receipt of hazardous waste covered by this manifest except as noted in the discrepancy indication space above. Note: TSD must complete waste number. See instructions.

Printed or typed full name and signature

EPA ID NUMBER

MO.

DAY

YR.

01

03

84

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. CAD0003253-340-000		Manifest Document No.		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address BENDIX CORP. ELECTRODYNAMICS DIVISION 11600 Sherman Way, No. Hollywood, CA 91605				A. State Manifest Document Number 84352605					
4. Generator's Phone ()				B. State Generator's ID CAD0003253-340		C. State Transporter's ID			
5. Transporter 1 Company Name OIL PROCESS CO.				6. US EPA ID Number CAD050808850		D. Transporter's Phone (213) 585-5063			
7. Transporter 2 Company Name				8. US EPA ID Number		E. State Transporter's ID			
9. Designated Facility Name and Site Address DEMENNO/KERDOON 2100 No. Alameda St. Compton, CA 90222				10. US EPA ID Number CAT080012352		F. Facility's Phone (213) 437-7100			
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)				12. Containers		13. Total Quantity		14. Unit	
a. UN 1270 Petroleum Waste Oil & Water N.O.S. Combustible Liquid				No. Type		Quantity		Wt/Vol	
b.									
c.									
d.									
J. Additional Descriptions for Materials Listed Above				K. Handling Codes for Wastes Listed Above					
Water soluble oils 5%				RECEIVED JAN 3 1985 Plant Engineering					
Oils 5%				01					
Water 90%									
15. Special Handling Instructions and Additional Information Keep away from heat and open flame									
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.									
Printed/Typed Name R.J. Slatterbeck				Signature <i>[Signature]</i>		Date Month Day Year 1 2 2 1 8 4			
17. Transporter 1 Acknowledgement of Receipt of Materials				Signature <i>[Signature]</i>		Date Month Day Year 1 2 2 1 8 4			
Printed/Typed Name ABBEY POURHASS				Signature <i>[Signature]</i>		Date Month Day Year 1 2 2 1 8 4			
18. Transporter 2 Acknowledgement or Receipt of Materials				Signature		Date Month Day Year 1 2 2 1 8 4			
Printed/Typed Name				Signature		Date Month Day Year			
19. Discrepancy Indication Space									
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.									
Printed/Typed Name Jerome B. Hyle				Signature <i>[Signature]</i>		Date Month Day Year 1 2 2 1 8 4			

P.O. 8067-463201

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. C A D 0 0 8 3 2 5 3 3 4	Manifest Document No. 0 0 0 0 4	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address Bendix Electrodynamic Division 11600 Sherman Way, NO. Hollywood, CA. 91605		6. US EPA ID Number I C A T 0 8 0 0 3 4 1 8 4		A. State Manifest Document Number 84352604	
4. Generator's Phone (818) 765- 1010		8. US EPA ID Number		B. State Generator's ID	
5. Transporter 1 Company Name DISPOSAL CONTROL SERVICE		10. US EPA ID Number I C A T 0 8 0 0 1 3 3 6 2		C. State Transporter's ID E-7476	
7. Transporter 2 Company Name				D. Transporter's Phone 800-824-3345	
9. Designated Facility Name and Site Address DEMENNO/KERDOON 82100 No. Alameda St. Compton, CA 90222				E. State Transporter's ID	
				F. Transporter's Phone	
				G. State Facility's ID H A D A C K 0 0 1 3 3 5 2	
				H. Facility's Phone 537-7100	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) a. PETROLEUM WASTE OIL & WATER N.O.S. FLAMMABLE LIQUID 1270		12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol
b.					
c.					
d.					
15. Additional Descriptions for Materials Listed Above Water soluble oils 5% Oils 5% Water 90%		K. Handling Codes for Wastes Listed Above 01			
16. Special Handling Instructions and Additional Information Keep away from heat and open flame.					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.					
Printed/Typed Name R. J. Slatterback		Signature <i>[Signature]</i>		Date Month Day Year 12 18 84	
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name KANDY L. ALLEN		Signature <i>[Signature]</i>		Date Month Day Year 12 18 84	
18. Transporter 2 Acknowledgement or Receipt of Materials Printed/Typed Name		Signature <i>[Signature]</i>		Date Month Day Year 12 18 84	
19. Discrepancy Indication Space Plant Engineering					
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.					
Printed/Typed Name Jerome B. Hyle		Signature <i>[Signature]</i>		Date Month Day Year 12 11 84	

GENERATOR NAME AND MAILING ADDRESS
BENDIX/ELECTRODYNAMICS DIVISION
11600 Sherman Way
No. Hollywood, CA. 91605
AREA CODE/PHONE NUMBER **(818) 765-1010**

MANIFEST DOCUMENT NUMBER
CA 0008325234

TRANSPORTER NO. 1 NAME AND MAILING ADDRESS
DISPOSAL CONTROL SERVICE
1369 W. 9th St.
Upland, Ca. 91786
AREA CODE/PHONE NUMBER **(800) 824-3345**

VEH/CONTAINER NO.
DOT-E 7476

EPA ID NUMBER
000008325234

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY
DEMENNO/KERDOON
2100 No. Alameda St.
Compton, CA 90222
AREA CODE/PHONE NUMBER **(213) 537-7100**

EPA ID NUMBER
CA 0008325234

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY
DEMENNO/KERDOON
2100 No. Alameda St.
Compton, CA 90222
AREA CODE/PHONE NUMBER **(213) 537-7100**

EPA ID NUMBER
CA 0008325234

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS
WASTE OIL & WATER N.O.S. FLAMMABLE LIQUID

UN/NA NUMBER	TOTAL QUANTITY	UNIT WT/VOL	CONTAINER NO.	WASTE CAT. NO.	DISC. ME.
UN112	700	3500	G	001	CT 2220

COMPONENTS	CONC. RANGE			UNITS	
	UPPER	LOWER	%	PPM	
WATER SOLUBLE OILS	5		%		
OILS	5		%		
WATER	90		%		

SPECIAL HANDLING INSTRUCTIONS
GLOVES & GOGGLES

Plant Engineering

Printed or typed full name and signature: **Walter J. Speck**

MO. **11** DAY **26** YR. **84**

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES
Printed or typed full name and signature: **James A. Seal**

DATE REC'D
11/26/84

MO. **11** DAY **26** YR. **84**

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES
Printed or typed full name and signature: **James A. Seal**

DATE REC'D
11/26/84

MO. **11** DAY **26** YR. **84**

DISCREPANCY INDICATION SPACE

Facility owner or operator: Certification of receipt of hazardous waste covered by this manifest except as noted in the discrepancy indication space above. Note: TSD must complete waste number. See instructions.

Printed or typed full name and signature: **Jerome R. Hyde**

EPA ID NUMBER
CA 0008325234

DATE RECEIVED & ACCEPTED
MO. **11** DAY **26** YR. **84**

UNIFORM HAZARDOUS WASTE MANIFEST
FORM NO. DHS-8022A 3-81

P.O. #8067-462201

GENERATOR NAME AND MAILING ADDRESS
BENDIX/ELECTRODYNAMICS DIVN.
11600 SHERMAN WAY
NO HOLLYWOOD, CA., 91605
AREA CODE/PHONE NUMBER **(818) 765-1010**

TRANSPORTER NO. 1 NAME AND MAILING ADDRESS

DISPOSAL CONTROL SERVICE
1369 W. 9th ST.
UPLAND, CA. 91786
(800) 824-9345

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

AREA CODE/PHONE NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY

DEBENRO/KEDDOON
2100 NO. ALAMIDA ST.
COMPTON, CA. 90222
AREA CODE/PHONE NUMBER **(213) 537-7100**

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS

WASTE OIL & WATER N.O.S. FLAMMABLE LIQUID

UN/NA NUMBER

UN1270

TOTAL QUANTITY	UNIT WT/VOL	CONTAINER NO.	WASTE CAT. NO.	DIS ME
03500	6	001C	222	0

COMPONENTS	CONC. RANGE		UNITS	
	UPPER	LOWER	%	PPM
WATER SOLUBLE OILS	3		X	
OILS	3		X	
WATER	90		X	

SPECIAL HANDLING INSTRUCTIONS:
GLOVES & GOGGLES

This is to certify that the above-named wastes are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable requirements of the Department of Transportation and the EPA.
Printed or typed full name and signature: **WALTER J. SPENCER**
MO. **11** DAY **08** YR. **84**

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES.
Printed or typed full name and signature: **TOM SITEK**
DATE REC'D & ACCEPTED: **11 08 84**

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES.
Printed or typed full name and signature: **Thomas C. Sisk**
DATE REC'D & ACCEPTED: **11 08 84**

DISCREPANCY INDICATION SPACE
Facility owner or operator: Certification of receipt of hazardous waste covered by this manifest except as noted in the discrepancy indication space above. Note: TSDF must complete waste number.
Printed or typed full name and signature: **James P. Hylleberg**
DATE RECEIVED & ACCEPTED: **11 08 84**

UNIFORM HAZARDOUS WASTE MANIFEST

FORM NO. DHS-9022A 3-84

Department of Health Service

Please print or type with ELITE type (12 characters per inch).

P.O. # 8067-461426

STATE ID NUMBER

83641241

GENERATOR NAME AND MAILING ADDRESS

BENDIX CORP/ ELECTRODYNAMICS DIVISION
11600 Sherman Way
No. HOLLYWOOD, CA. 91605-5887
AREA CODE/PHONE NUMBER

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER

TRANSPORTER NO. 1 NAME AND MAILING ADDRESS

DISPOSAL CONTROL SERVICE
1369 W. 9th St.
Upland, CA., 91786

VEH/CONTAINER NO.

EPA ID NUMBER

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

AREA CODE/PHONE NUMBER

TREATMENT STORAGE OR DISPOSAL (TSD) FACILITY

DeMenno/Kerdoon
2100 No. Alameda St.
Compton, CA 90222

AREA CODE/PHONE NUMBER

(213) 537-7100

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS

UN/NA
NUMBER

TOTAL
QUANTITY

UNIT
WT/VOL

CONTAINER
NO. TYPE

WASTE DIS
CAT. NO. MET

WASTE OIL AND WATER N.O.S. FLAMMABLE LIQUID

UN 1270 03500

G 001CT 222

COMPONENTS

CONC. RANGE

UPPER

LOWER

UNITS

% PPM

WATER SOLUBLE OILS

5

%

OILS

5

%

WATER

90

%

RECEIVED

SPECIAL HANDLING INSTRUCTIONS

NOV 7 1984

GLOVES AND GOGGLES

Plant Engineering

This is to certify that the above-named wastes are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable requirements of the Department of Transportation and the EPA.

Printed or typed full name and signature

WALTER J. SPECK

MO.
10

DAY
24

YR.
84

☐ Check if continuation sheet is used. Number of continuation sheets

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

Printed or typed full name and signature

TOM C. SITEK

DATE
REC'D
&
ACCEPTED

MO.
10

DAY
24

YR.
84

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

Printed or typed full name and signature

DATE
REC'D
&
ACCEPTED

MO.
10

DAY
24

YR.
84

DISCREPANCY INDICATION SPACE

Facility owner or operator: Certification of receipt of hazardous waste covered by this manifest except as noted in the discrepancy indication space above. Note: TSDf must complete waste number. See instructions.

DATE RECEIVED & ACCEPTED

EPA ID NUMBER

MO.

DAY

YR.

Printed or typed full name and signature

UNIFORM HAZARDOUS WASTE MANIFEST

ease print or type with ELITE type (12 characters per inch).

P.O.#8067-460048

STATE ID NUMBER

83211412

GENERATOR NAME AND MAILING ADDRESS BENDIX CORP/ ELECTRODYNAMICS 11600 SHEERMAN WAY MO.HOLLYWOOD, CA., 91603-5887 AREA CODE/PHONE NUMBER (818)763-1010				MANIFEST DOCUMENT NUMBER EPA ID NUMBER							
TRANSPORTER NO. 1 DISPOSAL CONTROL SERVICE 1369 W. 9th.St. UPLAND, CA., 91786 (800)824-3345				VEH./CONTAINER NO. 00008322334		EPA ID NUMBER					
TRANSPORTER NO. 2/ALTERNATE TSD FACILITY				VEH./CONTAINER NO. 00008322334		EPA ID NUMBER					
TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY DEMENNO KERDOON 2100 N.ALIMITOS ST." COMPTON, CA., AREA CODE/PHONE NUMBER				EPA ID NUMBER							
PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS PETROLIUM WASTE OIL & WATER N.O.S.				UN/NA NUMBER UN 1270	TOTAL QUANTITY 003700	UNIT WT/VOL G	CONTAINER NO. TYPE 001 CT	WASTE CAT. NO. 222	DIS ME		
COMPONENTS						CONC. RANGE UPPER LOWER		UNITS % PPM			
WATER SOLUBLE OILS						10		X			
OILS						10		X			
WATER						80		X			
SPECIAL HANDLING INSTRUCTIONS GLOVES & GOGGLES											
This is to certify that the above-named wastes are properly classified, described, packaged, marked, labeled, and in proper condition for transportation according to the applicable requirements of the Department of Transportation and the EPA.											
Printed or typed full name and signature R.J. SLATTERBECK				DATE OCT 12 1984		MO. 10		DAY 01		YR. 84	
<input type="checkbox"/> Check if continuation sheet is used. Number of continuation sheets				Plant Engineering		DATE REC'D & ACCEPTED		MO. 10		DAY 01	YR. 84
TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES KEN HUDSON				DATE REC'D & ACCEPTED		MO. 10		DAY 01		YR. 84	
TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES				DATE REC'D & ACCEPTED		MO.		DAY		YR.	
DISCREPANCY INDICATION SPACE											
Facility owner or operator: Certification of receipt of hazardous waste covered by this manifest except as noted in the discrepancy indication space above. Note: TSDF must complete waste number. See instructions.						DATE RECEIVED & ACCEPTED					
Printed or typed full name and signature						EPA ID NUMBER		MO.		DAY	YR.

Use print or type with ELITE type (12 characters per inch).

P.O. #8067-459036

STATE ID NUMBER

83211411

GENERATOR NAME AND MAILING ADDRESS

BENDIX ELECTRODYNAMICS DIVISION
11600 Sherman Way
Hollywood, CA 91605-5887

AREA CODE/PHONE NUMBER

(818) 765-1010

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER

TRANSPORTER NO. 1

DISPOSAL CONTROL SERVICE
1369 W. 9th St.
Upland, CA 91786

(800) 824-3345

VEH./CONTAINER NO.

EPA ID NUMBER

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

CASHALIA DISPOSAL
1010 ROAD
CASHALIA, CA 93425

(895) 837-8449

VEH./CONTAINER NO.

EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY

ENVIRONMENTAL PROTECTION CORP.
Highway 33
Fellows, CA.

AREA CODE/PHONE NUMBER

(805) 399-8087

EPA ID NUMBER

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS

UN/NA
NUMBER

TOTAL
QUANTITY

UNIT
WT/VOL

CONTAINER
NO. TYPE

WASTE
CAT. NO. ME

WASTE OIL & WATER N.O.S. FLAMMABLE LIQUID

UN 127003500

G 001CT222

COMPONENTS

CONC. RANGE
UPPER LOWER

UNITS
% PPM

WATER SOLUBLE OILS

5

OILS

5

WATER

90

SPECIAL HANDLING INSTRUCTIONS

GLOVES AND GOGGLES

This is to certify that the above-named wastes are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable requirements of the Department of Transportation and the EPA.

Printed or typed full name and signature *Walter J. Speck*
WALTER J. SPECK

☐ Check if continuation sheet is used. Number of continuation sheets

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

Printed or typed full name and signature *Kenneth C. ...*

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

Printed or typed full name and signature

DISCREPANCY INDICATION SPACE

Facility owner or operator: Certification of receipt of hazardous waste covered by this manifest except as noted in the discrepancy indication space above. Note: TSD must complete waste number. See instructions.

Printed or typed full name and signature

EPA ID NUMBER

DATE RECEIVED & ACCEPTED

MO.

DAY

YR.

UNIFORM HAZARDOUS WASTE MANIFEST

ase print or type with ELITE type (12 characters per inch).

P.O.#8067-458829

STATE ID NUMBER

83211407

GENERATOR NAME AND MAILING ADDRESS

BRNDIX ELECTRODYNAMICS DIVN.
11600 SHERMAN WAY
NO HOLLYWOOD, CA., 91605-5887
AREA CODE/PHONE NUMBER (818) 765-1010

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER

C A D O 0 8 3 2 5 3 3 4

TRANSPORTER NO. 1

DISPOSAL CONTROL SERVICE
1369 W. 9th ST.
UPLAND, CA., 91786
(800)824-3345

VEH./CONTAINER NO.

EPA ID NUMBER

0 0 0 4 4 7 5 1

C A T O 8 0 0 3 4 1 8

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

BKK LANDFILL
2210 AZUSA
W. COVINA, CA.,
(818) 965-0916

VEH./CONTAINER NO.

EPA ID NUMBER

C A D O 6 7 7 8 6 7 4

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY

ENVIRONMENTAL PROTECTION CORP
HIGHWAY 33
FELLOWS, CA.,
AREA CODE/PHONE NUMBER (805)399-8087

EPA ID NUMBER

C A T O 8 8 0 9 8 2 8

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS

UN/NA
NUMBER

TOTAL
QUANTITY

UNIT
WT/VOL

CONTAINER
NO. TYPE

WASTE
CAT. NO. MET

WASTE OIL & WATER N.O.S. FLAMMABLE LIQUID

U N 1 2 7 0

0 3 5 0 0

G

0 0 1 C T

2 2 2

COMPONENTS

CONC. RANGE
UPPER LOWER

UNITS
% PPM

WATER SOLUBLE OILS

5

7

OILS

5

7

WATER

90

7

SPECIAL HANDLING INSTRUCTIONS

GLOVES & COGGLES

This is to certify that the above-named wastes are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable requirements of the Department of Transportation and the EPA.

Printed or typed full name and signature

WALTER J. SPECK

MO.

DAY

YR.

8

27

84

☐ Check if continuation sheet is used. Number of continuation sheets

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

Printed or typed full name and signature

RANDY ALLEN

RECEIVED

DATE
REC'D
&
ACCEPTED

MO.

DAY

YR.

8

27

84

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

Printed or typed full name and signature

SEP 13 1984

DATE
REC'D
&
ACCEPTED

MO.

DAY

YR.

Plant Engineering

DISCREPANCY INDICATION SPACE

Facility owner or operator: Certification of receipt of hazardous waste covered by this manifest except as noted in the discrepancy indication space above. Note: TSDF must complete waste number. See instructions.

DATE RECEIVED & ACCEPTED

EPA ID NUMBER

MO.

DAY

YR.

Printed or typed full name and signature

UNIFORM HAZARDOUS WASTE MANIFEST

Please print or type with ELITE type (12 characters per inch).

Rec'd 8/23

STATE ID NUMBER 83211406

GENERATOR NAME AND MAILING ADDRESS

BENDIX ELECTRODYNAMICS
11600 Sherman Way
No. Hollywood, CA 91605-5887
AREA CODE/PHONE NUMBER (818) 76501010

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER

CAD0008325334

TRANSPORTER NO. 1

DISPOSAL CONTROL SERVICE
1369 W. 9th St.
Upland, CA., 91786
(800) 824-3345

VEH./CONTAINER NO.

EPA ID NUMBER

00044791CAT08003418

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

ENVIRONMENTAL PROTECTION CORP
HIGHWAY 33
Fellows, CA.
(805) 399-8087

VEH./CONTAINER NO.

EPA ID NUMBER

EXTN84XXCAT08001028

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY

BKK LANDFILL
2210 AZUSA
W. Covina, CA
AREA CODE/PHONE NUMBER (818) 965-0915

CAD06778674

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS

UN/NA NUMBER

TOTAL QUANTITY

UNIT WT/VOL

CONTAINER NO. TYPE

WASTE CAT. NO. MI

WASTE OIL & WATER N. O. S FLAMMABLE LIQUID

UN 1270

03500

6

001CT

222C

COMPONENTS

CONC. RANGE UPPER LOWER

UNITS % PPI

WATER SOLUBLE OILS

5

OILS

5

WATER

90

SPECIAL HANDLING INSTRUCTIONS

GLOVES & GOGGLES

This is to certify that the above-named wastes are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable requirements of the Department of Transportation and the EPA.

Printed or typed full name and signature

WALTER J. SPECK

MO. 8

DAY 9

YR. 84

Check if continuation sheet is used. Number of continuation sheets

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

JOHN R. RAMALEY
Printed or typed full name and signature

DATE REC'D & ACCEPTED

MO. 8

DAY 9

YR. 84

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

Printed or typed full name and signature

DATE REC'D & ACCEPTED

MO.

DAY

YR.

DISCREPANCY INDICATION SPACE

Facility owner or operator: Certification of receipt of hazardous waste covered by this manifest except as noted in the discrepancy indication space above. Note: TSD must complete waste number. See instructions.

Printed or typed full name and signature

EPA ID NUMBER

DATE RECEIVED & ACCEPTED

MO.

DAY

YR.

UNIFORM HAZARDOUS WASTE MANIFEST

Print or type with ELITE type (12 characters per inch).

REL.#1424
P.O.#8067-257109

STATE ID NUMBER

83211403

GENERATOR NAME AND MAILING ADDRESS

BENDIX CORP/ELECTRODYNAMICS

11600 SHERMAN WAY

NO HOLLYWOOD, CA., 91605-5887

AREA CODE/PHONE NUMBER (918)763-1010

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER

TRANSPORTER NO. 1

DISPOSAL CONTROL SERVICE

1369 W.9TH ST

UPLAND, CA., 91786

VEH./CONTAINER NO.

EPA ID NUMBER

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

ENVIRONMENTAL PROTECTION CORP

HIWAY 33

FELLOWS, CA.,

(805) 399-8087

VEH./CONTAINER NO.

EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY

BKK LANDFILL

2210 AZUSA

W. COVINA, CA.,

AREA CODE/PHONE NUMBER XENIXX (818)965-0916

CAD067786749

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS

UN/NA
NUMBER

TOTAL
QUANTITY

UNIT
WT/VOL

CONTAINER
NO. TYPE

WASTE
CAT. NO. METH

WASTE OIL & WATER N.O.S. FLAMMABLE LIQUID

UN127003500

G

001CT

222

COMPONENTS

CONC. RANGE
UPPER LOWER

UNITS
% PPM

WATER SOLUBLE OILS

5

Z

OILS

5

Z

WATER

90

Z

SPECIAL HANDLING INSTRUCTIONS

GLOVES & COGGLES

This is to certify that the above-named wastes are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable requirements of the Department of Transportation and the EPA.

MO. DAY YR.
07 18 84

Printed or typed full name and signature

WALTER J. SPECK

☐ Check if continuation sheet is used. Number of continuation sheets

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

DATE
REC'D
&
ACCEPTED

MO. DAY YR.
07 18 84

Printed or typed full name and signature

JAMES AXEL

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

DATE
REC'D
&
ACCEPTED

MO. DAY YR.

Printed or typed full name and signature

DISCREPANCY INDICATION SPACE

Facility owner or operator: Certification of receipt of hazardous waste covered by this manifest except as noted in the discrepancy indication space above. Note: TSDF must complete waste number. See instructions.

DATE RECEIVED & ACCEPTED

EPA ID NUMBER

MO. DAY YR.

Printed or typed full name and signature

CA 95814

W.O.# 0650
P.O.#8067-237109

STATE ID NUMBER

83211402

Please print or type with ELITE type (12 characters per inch).

GENERATOR NAME AND MAILING ADDRESS

BENDIX CORP/ELECTRODYNAMICS
11600 SHERMAN WAY
NO HOLLYWOOD, CA., 91605-5887
AREA CODE/PHONE NUMBER (818) 765-1010

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER

TRANSPORTER NO. 1

DISPOSAL CONTROL SERVICE
1369 W. 9th ST.
UPLAND, CA., 91786

VEH./CONTAINER NO.

EPA ID NUMBER

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

ENVIRONMENTAL PROTECTION CORP.
HIWAY 33
FELLOWS, CA
805-762-4806 (805) 399-8087

VEH./CONTAINER NO.

EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY

BRK LANDFILL
2210 AZUSA
W. COVINA, CA.,
AREA CODE/PHONE NUMBER (818) 965-0916

EPA ID NUMBER

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS

UN/NA
NUMBERTOTAL
QUANTITYUNIT
WT/VOLCONTAINER
NO. TYPEWASTE
CAT. NO. ME

WASTE OIL & WATER N.O.S. FLAMMABLE LIQUID

UN 1279

03500

G

001

CT

222

0

COMPONENTS

CONC. RANGE
UPPER LOWERUNITS
% PPM

WATER SOLUBLE OILS

MAX 5

%

OILS

MAX 5

%

WATER

MAX 90

%

SPECIAL HANDLING INSTRUCTIONS

GLOVES & GOGGLES

This is to certify that the above-named wastes are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable requirements of the Department of Transportation and the EPA.

MO.

DAY

YR.

Printed or typed full name and signature

WALTER J. SPECK

06

14

84

☐ Check if continuation sheet is used. Number of continuation sheets

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

DATE
REC'D
&
ACCEPTED

MO.

DAY

YR.

Printed or typed full name and signature

KEN HUDSON

06

14

84

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

DATE
REC'D
&
ACCEPTED

MO.

DAY

YR.

Printed or typed full name and signature

DISCREPANCY INDICATION SPACE

Facility owner or operator: Certification of receipt of hazardous waste covered by this manifest except as noted in the discrepancy indication space above. Note: TSD must complete waste number. See instructions.

DATE RECEIVED & ACCEPTED

EPA ID NUMBER

MO.

DAY

YR.

Printed or typed full name and signature

TO BE FILLED IN BY GENERATOR

TO BE FILLED IN
BY TRANSPORTERTO BE FILLED
IN BY TSD

HAZARDOUS WASTE MANAGEMENT BRANCH

14-744 Street

Sacramento, CA 95814

UNIFORM HAZARDOUS WASTE MANIFEST

P.O.#8067-257109.

STATE ID NUMBER

W.O.# 0357

83211398

Please print or type with ELITE type (12 characters per inch).

GENERATOR NAME AND MAILING ADDRESS

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER

BENDIX CORP/ELECTRODYNAMICS

11600 SHERMAN WAY

NO HOLLYWOOD, CA., 91605-5887

(818) 765-1010

AREA CODE/PHONE NUMBER

CA1D0108325334

TRANSPORTER NO. 1

VEH./CONTAINER NO.

EPA ID NUMBER

DISPOSAL CONTROL SERVICE

1369 W. 9th STREET

UPLAND, CA., 91786

(800) 824-3345

000447185CAT08003418

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

VEH./CONTAINER NO.

EPA ID NUMBER

BKK LANDFILL

2210 Azusa

W.Covina, CA.,

(818) 965-0916

CA1D067778674

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY

EPA ID NUMBER

CASMALIA DISPOSAL

NTU ROAD

CASMALIA, CA., 93429

(805) 937-8449

AREA CODE/PHONE NUMBER

CAS02074812

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS

UN/NA
NUMBERTOTAL
QUANTITYUNIT
WT/VOLCONTAINER
NO. TYPEWASTE
CAT. NO. ME

WASTE OIL & WATER N.O.S. FLAMMABLE LIQUID

UN127003500

G001CT2220

COMPONENTS

CONC. RANGE
UPPER LOWERUNITS
% PPM

WATER SOLUBLE OILS

10%

OILS, OTHER

20%

WATER

70%

SPECIAL HANDLING INSTRUCTIONS

GLOVES & GOGGLES

This is to certify that the above-named wastes are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable requirements of the Department of Transportation and the EPA.

MO.

DAY

YR.

Printed or typed full name and signature

WALTER J. SPECK

05

08

84

☐ Check if continuation sheet is used. Number of continuation sheets

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

DATE
REC'D
&
ACCEPTED

MO.

DAY

YR.

Printed or typed full name and signature

JULIO OCHOA

05

08

84

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

DATE
REC'D
&
ACCEPTED

MO.

DAY

YR.

Printed or typed full name and signature

DISCREPANCY INDICATION SPACE

Facility owner or operator: Certification of receipt of hazardous waste covered by this manifest except as noted in the discrepancy indication space above. Note: TSD must complete waste number. See instructions.

DATE RECEIVED & ACCEPTED

EPA ID NUMBER

MO.

DAY

YR.

Printed or typed full name and signature

CA1D0677786749

05

09

84

TO BE FILLED IN BY GENERATOR

TO BE FILLED IN
BY TRANSPORTERTO BE FILLED
IN BY TSD

UNIFORM HAZARDOUS WASTE MANIFEST

P.O. #8067-257109

STATE ID NUMBER

3585 0130
83211397

Please print or type with ELITE type (12 characters per inch).

GENERATOR NAME AND MAILING ADDRESS
BENDIX CORP/ELECTRODYNAMICS
11600 SHERMAN WAY
NO HOLLYWOOD, CA., 91605-3748 5887

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER

AREA CODE/PHONE NUMBER

(818)765-1010

C A D 0 0 8 3 2 5 3 3 4

TRANSPORTER NO. 1

DISPOSAL CONTROL SERVICE
1369 W. 9th STREET
UPLAND, CA., 91786

VEH./CONTAINER NO.

EPA ID NUMBER

(800)824-3345

0 0 0 4 5 4 7 2 C A T 0 8 0 0 3 4 1 8

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

BKK LANDFILL
2210 AZUSA
W. COVINA, CA., 91724

VEH./CONTAINER NO.

EPA ID NUMBER

(818)965-0916

C A D 0 0 5 7 7 8 6 7 4

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY

EPA ID NUMBER

CASMALIA DISPOSAL
NTU ROAD

CASMALIA, CA., 93429

(805)937-8449

C A S 0 2 0 7 4 8 1 2

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS

UN/NA
NUMBER

TOTAL
QUANTITY

UNIT
WT/VOL

CONTAINER
NO. TYPE

WASTE
CAT. NO. ME

WASTE OIL & WATER N.O.S. FLAMMABLE LIQUID

U N 1 2 7 0

0 2 5 0 0

G

0 0 1 C T 2 2 2 0

COMPONENTS

CONC. RANGE
UPPER LOWER

UNITS
% PPM

WATER SOLUBLE OILS

10

%

OILS, OTHER

20

%

WATER

70

%

SPECIAL HANDLING INSTRUCTIONS

GLOVES & GOGGLES

This is to certify that the above-named wastes are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable requirements of the Department of Transportation and the EPA.

MO. DAY YR.
0 3 3 1 8 4

Printed or typed full name and signature

WALTER G. SPECK

☐ Check if continuation sheet is used. Number of continuation sheets

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

Printed or typed full name and signature

DATE REC'D & ACCEPTED MO. DAY YR.
0 3 3 1 8 4

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

Printed or typed full name and signature

DATE REC'D & ACCEPTED MO. DAY YR.

DISCREPANCY INDICATION SPACE

Facility owner or operator: Certification of receipt of hazardous waste covered by this manifest except as noted in the discrepancy indication space above. Note: TSD Facility must complete waste number. See instructions.

DATE RECEIVED & ACCEPTED

Printed or typed full name and signature

EPA ID NUMBER

MO. DAY YR.
0 3 3 1 8 4

TO BE FILLED IN BY GENERATOR

TO BE FILLED IN BY TRANSPORTER

TO BE FILLED IN BY TSDF

UNIFORM HAZARDOUS WASTE MANIFEST

Please print or type with ELITE type (12 characters per inch).

P.O. #8067-257109

3585

STATE ID NUMBER

83211395

GENERATOR NAME AND MAILING ADDRESS

BENDIX CORP/ELECTRODYNAMICS DIVN
11600 SHERMAN WAY
NO HOLLYWOOD, CA., 91605-5887

AREA CODE/PHONE NUMBER

(818)765-1010

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER

CAD0008325334

TRANSPORTER NO. 1

DISPOSAL CONTROL SERVICE
1369 W. 9th STREET
UPLAND, CA, 91786

(800)824-3345

VEH./CONTAINER NO.

EPA ID NUMBER

00044781CAT08003418

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

BKK LANDFILL
2210 AZUSA
W. COVINA, CA.,

(818) 965-0916

VEH./CONTAINER NO.

EPA ID NUMBER

CAD06778674

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY

EPA ID NUMBER

CASMALIA DISPOSAL
NTU ROAD
CASMALIA, CA., 93429

AREA CODE/PHONE NUMBER

(805)937-8449

CAS02074812

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS

UN/NA
NUMBER

TOTAL
QUANTITY

UNIT
WT/VOL

CONTAINER
NO. TYPE

WASTE
CAT. NO. ME

WASTE OIL & WATER N.O.S. FLAMMABLE LIQUID

UN 1270 03500

6 001CT 222

COMPONENTS

CONC. RANGE
UPPER LOWER

UNITS
% PPM

WATER SOLUBLE OILS

10 %

OILS, OTHER

20 %

WATER

70 %

SPECIAL HANDLING INSTRUCTIONS

GLOVES & GOGGLES, KEEP AWAY FROM HEAT & OPEN FLAMES

This is to certify that the above-named wastes are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable requirements of the Department of Transportation and the EPA.

Printed or typed full name and signature

WALTER J. SPECK

MO.

DAY

YR.

03

13

84

☐ Check if continuation sheet is used. Number of continuation sheets

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

DATE
REC'D
&
ACCEPTED

MO.

DAY

YR.

Printed or typed full name and signature

JEFF REY W. JONES

03

13

84

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

DATE
REC'D
&
ACCEPTED

MO.

DAY

YR.

Printed or typed full name and signature

DISCREPANCY INDICATION SPACE

10.70

Facility owner or operator: Certification of receipt of hazardous waste covered by this manifest except as noted in the discrepancy indication space above. Note: TSDF must complete waste number. See instructions.

DATE RECEIVED & ACCEPTED

EPA ID NUMBER

MO.

DAY

YR.

Printed or typed full name and signature

ADDH77P67ND

03

12

84

UNIFORM HAZARDOUS WASTE MANIFEST

P.O.#8067-257109

W.O.#4646

STATE ID NUMBER

83211393

Use preprint or type with ELITE type (12 characters per inch).

GENERATOR NAME AND MAILING ADDRESS

BENDIX CORP/ELECTRODYNAMICS
11600 SHERMAN WAY
NO HOLLYWOOD, CA., 91605-5887

AREA CODE/PHONE NUMBER

(818) 765-1010

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER

CIAID01081325334

TRANSPORTER NO. 1

DISPOSAL CONTROL SERVICE
1369 W. 9th ST
UPLAND, CA., 91786

(800)824-3345

VEH./CONTAINER NO.

EPA ID NUMBER

00044791 CIA 71081003418

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

BKK LANDFILL
2210 AZUSA
W. COVINA, CA.

XXXX (818) 965-0916

VEH./CONTAINER NO.

EPA ID NUMBER

CIAID06778674

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY

CASMALIA DISPOSAL
NTU ROAD
CASMALIA, CA. 93429

(805) 937-8449

EPA ID NUMBER

CIA S0210748126

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS

UN/NA
NUMBER

TOTAL
QUANTITY

UNIT
WT/VOL

CONTAINER
NO. TYPE

WASTE
CAT. NO. MET

WASTE OIL & WATER N.O.S. FLAMMABLE LIQUID

UN 1270

0351010

G

001CIT

222

COMPONENTS

CONC. RANGE
UPPER LOWER

UNITS
% PPM

WATER SOLUBLE OILS

10

%

OILS, OTHER

20

%

WATER

70

%

SPECIAL HANDLING INSTRUCTIONS

GLOVES & GOGGLES

This is to certify that the above-named wastes are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable requirements of the Department of Transportation and the EPA.

MO.
01

DAY
09

YR.
84

Printed or typed full name and signature

WALTER J. SPECK

☐ Check if continuation sheet is used. Number of continuation sheets

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

DATE
REC'D
&
ACCEPTED

MO.
01

DAY
09

YR.
84

Printed or typed full name and signature

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

DATE
REC'D
&
ACCEPTED

MO.

DAY

YR.

Printed or typed full name and signature

DISCREPANCY INDICATION SPACE

NO DISCREPANCY AT ALL
DICK P. B.

Facility owner or operator: Certification of receipt of hazardous waste covered by this manifest except as noted in the discrepancy indication space above. Note: TSDF must complete waste number. See instructions.

DATE RECEIVED & ACCEPTED

EPA ID NUMBER

MO.

DAY

YR.

Printed or typed full name and signature

TO BE FILLED IN BY GENERATOR

TO BE FILLED IN BY TRANSPORTER

TO BE FILLED IN BY TSDF

UNIFORM HAZARDOUS WASTE MANIFEST

P.O.#8067-257109

STATE ID NUMBER

83211390

Use print or type with ELITE type (12 characters per inch).

GENERATOR NAME AND MAILING ADDRESS BENDIX CORP/ELECTRODYNAMICS 11600 SHERMAN WAY NO HOLLYWOOD, CA., 91606-5887		MANIFEST DOCUMENT NUMBER					
AREA CODE/PHONE NUMBER (818)765-1010		EPA ID NUMBER					
TRANSPORTER NO. 1 DISPOSAL CONTROL SERVICE 1369 W. 9th ST. UPLAND, CA., 91786 (800)824-3345		VEH./CONTAINER NO.	EPA ID NUMBER				
TRANSPORTER NO. 2/ALTERNATE TSD FACILITY		VEH./CONTAINER NO.	EPA ID NUMBER				
TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY BKK LANDFILL 2210 AZUSA W. COVINA, CA. AREA CODE/PHONE NUMBER (818)965-0916		EPA ID NUMBER					
PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS	UN/NA NUMBER	TOTAL QUANTITY	UNIT WT/VOL	CONTAINER NO.	WASTE CAT. NO.	DISP. MET.	
WASTE OIL & WATER N.O.S. FLAMMABLE LIQUID	UN 1270	003500	G	001	C222	0	
COMPONENTS			CONC. RANGE		UNITS		
			UPPER LOWER		% PPM		
WATER SOLUBLE OILS			10		%		
OILS, OTHER			20		%		
WATER			70		%		
SPECIAL HANDLING INSTRUCTIONS GLOVES & GOGGLES							
This is to certify that the above-named wastes are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable requirements of the Department of Transportation and the EPA.							
Printed or typed full name and signature WALTER J. SPECK				MO.	DAY	YR.	
				01	13	84	
<input type="checkbox"/> Check if continuation sheet is used. Number of continuation sheets							
TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES				DATE REC'D & ACCEPTED	MO.	DAY	YR.
Printed or typed full name and signature RANDY ALLEN				01	13	84	
TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES				DATE REC'D & ACCEPTED	MO.	DAY	YR.
Printed or typed full name and signature							
DISCREPANCY INDICATION SPACE OKK PH-8 NO FLASH AT REO							
Facility owner or operator: Certification of receipt of hazardous waste covered by this manifest except as noted in the discrepancy indication space above. Note: TSD must complete waste number. See instructions.				DATE RECEIVED & ACCEPTED			
Printed or typed full name and signature				EPA ID NUMBER	MO.	DAY	YR.
				AD06707667419	01	13	84

1981 MANIFESTS

SEE REVERSE SIDES FOR INSTRUCTIONS. PLEASE TYPE OR PRINT CLEARLY.

04500

CALIFORNIA HAZARDOUS WASTE MANIFEST
STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P STREET, SACRAMENTO, CA 95814

363 - 00301
7304

PRESS HARD

GENERATOR (GENERATOR MUST COMPLETE)

① NAME HEIDIX CORP
EPA NO. 710000000000000000
ADDRESS 1100 HERMAN WAY
CITY, STATE, ZIP CODE W. HOLLYWOOD, CAL 91605
PHONE NO. 765-1010
ORDER PLACED BY W.S. SPECK ORDER DATE 5-1
P.O. CONTRACT NO. NS047-106472

③ DESIGNATED TSD FACILITY

(AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)
NAME D-B-K-K
EPA NO. CAD067286777
ADDRESS 2210 AZUSA AVE
CITY, STATE, ZIP CODE W. COVINA, CAL
PHONE NO. 565-0916

④ ALTERNATE TSD FACILITY

NAME _____
EPA NO. _____
ADDRESS _____
CITY, STATE, ZIP CODE _____
PHONE NO. _____

⑤ U. S. DOT PROPER SHIPPING NAME	U. S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS: NUMBER
WASTE <u>Oil & Water</u>	<u>none</u>		<u>3500</u>	<u>gal</u>	<input checked="" type="checkbox"/> DRUMS <input type="checkbox"/> BAGS <input type="checkbox"/> CARTONS <input type="checkbox"/> DUMP TRUCK
WASTE					<input checked="" type="checkbox"/> TANK TRUCK <input type="checkbox"/> OTHER

⑥ WASTE CATEGORY Oil & Water ⑦ EX. HAZ. WASTE PERMIT NO. none ⑧ GENERATING PROCESS machinery
⑨ LIST COMPONENTS: _____ CONC. RANGE _____ UNITS _____
A _____ UPPER LOWER _____ % _____ PPM E _____
B _____ % _____ PPM F _____
C _____ % _____ PPM G _____
D _____ % _____ PPM NONHAZARDOUS MATERIAL _____ %
⑩ WASTE PROPERTIES: PH 8 ☐ TOXIC ☐ FLAMMABLE ☐ CORROSIVE/IRRITANT ☐ REACTIVE ☐ SENSITIZER ☐ CARCINOGEN/MUTAGEN
⑪ PHYSICAL STATE ☐ SOLID ☒ LIQUID ☐ SLUDGE ☐ SLURRY ☐ GAS ☐ OTHER _____
⑫ SPECIAL HANDLING INSTRUCTIONS: ☒ GLOVES ☐ GOGGLES ☐ RESPIRATOR ☐ OTHER _____

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.
IN THE EVENT OF A SPILL CONTACT THE NATIONAL RESPONSE CENTER, U. S. COAST GUARD 1-800-424-8802.
⑬ W. J. Kellie SIGNATURE OF AUTHORIZED AGENT & TITLE
⑭ 5-5-81 DATE SHIPPED

TRANSPORTER (HAULER MUST COMPLETE)

⑮ NAME LIQUID WASTE MANAGEMENT
EPA NO. CAD0000072843
ADDRESS P.O. BOX 1082
CITY, STATE, ZIP CODE SUN VALLEY, CALIFORNIA 91352
PHONE NO. (213) 767-4424

JOB NO. 7304
UNIT NO. 3
⑯ PICK-UP DATE 5/5/81
TIME 2:30 ☐ AM ☒ PM
⑰ W. J. Kellie SIGNATURE OF AUTHORIZED AGENT & TITLE

TSD FACILITY (OPERATOR MUST COMPLETE)

⑱ NAME BIRK
EPA NO. 220000000000000000

⑲ QUANTITY (IF MEASURED) 1861
⑳ STATE FEE (IF ANY) \$ 12.61

⑳ HANDLING OR DISPOSAL METHOD:
☐ SURFACE IMPOUNDMENT ☒ LANDFILL
☐ INJECTION WELL ☐ LAND TREATMENT
☐ TREATMENT (SPECIFY) _____
☐ RECOVERY OR REUSE ☐ STORAGE/TRANSFER

㉑ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT _____

㉒ IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY:

NAME _____
EPA NO. _____
REVISED 11/80

㉓ W. J. Kellie SIGNATURE OF AUTHORIZED AGENT & TITLE
㉔ 5/11 DATE ACCEPTED

SEE REVERSE SIDES FOR INSTRUCTIONS. PLEASE TYPE OR PRINT CLEARLY.

CALIFORNIA HAZARDOUS WASTE MANIFEST
STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P STREET, SACRAMENTO, CA 95814

363 - 00158

PRESS HARD

GENERATOR (GENERATOR MUST COMPLETE)

DESIGNATED TSD FACILITY

ALTERNATE TSD FACILITY

NAME <u>ENDIX</u>		NAME <u>B. H. H.</u>		NAME <u>California</u>	
EPA NO. <u>CAD000882529</u>		EPA NO. <u>CAD0067786744</u>		EPA NO. <u>CAD0020748125</u>	
ADDRESS <u>11600</u>		ADDRESS <u>11600</u>		ADDRESS <u>11600</u>	
CITY, STATE, ZIP CODE <u>San Francisco, CA 94115</u>		CITY, STATE, ZIP CODE <u>San Francisco, CA 94115</u>		CITY, STATE, ZIP CODE <u>San Francisco, CA 94115</u>	
PHONE NO. <u>765-4010</u>		PHONE NO. <u>765-0916</u>		PHONE NO. <u>765-0916</u>	
ORDER PLACED BY <u>10-000000</u>		ORDER DATE <u>1-8-81</u>			
CONTRACT NO.					

U. S. DOT PROPER SHIPPING NAME	U. S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS: NUMBER
WASTE <u>11600</u>	<u>11600</u>		<u>3/500</u>		<input type="checkbox"/> DRUMS <input type="checkbox"/> BAGS <input type="checkbox"/> CARTONS <input type="checkbox"/> DUMP TRUCK
WASTE					<input checked="" type="checkbox"/> TANK TRUCK <input checked="" type="checkbox"/> OTHER

WASTE CATEGORY <u>11600</u>	EX. HAZ. WASTE PERMIT NO. <u>11600</u>	GENERATING PROCESS
LIST COMPONENTS:	CONC. RANGE	UNITS
A	UPPER LOWER	PPM E
B		PPM F
C		PPM G
D		PPM
WASTE PROPERTIES: PH <input type="checkbox"/> TOXIC <input type="checkbox"/> FLAMMABLE <input type="checkbox"/> CORROSIVE/IRRITANT <input type="checkbox"/> REACTIVE <input type="checkbox"/> SENSITIZER <input type="checkbox"/> CARCINOGEN/MUTAGEN		
PHYSICAL STATE: <input type="checkbox"/> SOLID <input checked="" type="checkbox"/> LIQUID <input type="checkbox"/> SLUDGE <input type="checkbox"/> SLURRY <input type="checkbox"/> GAS <input type="checkbox"/> OTHER		
SPECIAL HANDLING INSTRUCTIONS: <input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> OTHER		

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL RESPONSE CENTER, U. S. COAST GUARD 1-800-424-8802.

SIGNATURE OF AUTHORIZED AGENT & TITLE 1-8-81

TRANSPORTER (HAULER MUST COMPLETE)	NAME <u>LIQUID WASTE MANAGEMENT</u>	JOB NO. <u>1</u>	PICK-UP DATE <u>1/8/81</u>
EPA NO. <u>CAD0000072843</u>	UNIT NO. <u>9</u>	TIME <u>1:00</u>	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM
ADDRESS <u>P.O. BOX 1082</u>	SIGNATURE OF AUTHORIZED AGENT & TITLE		
CITY, STATE, ZIP CODE <u>SUN VALLEY, CALIFORNIA 91352</u>			
PHONE NO. <u>(213) 767-4424</u>			

TSD FACILITY (OPERATOR MUST COMPLETE)	NAME <u>214</u>	QUANTITY <u>214</u>	HANDLING OR DISPOSAL METHOD
EPA NO. <u>214</u>	STATE <u>CA</u>	MEASURED <u>214</u>	<input type="checkbox"/> SURFACE IMPOUNDMENT <input type="checkbox"/> LANDFILL
INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT			<input type="checkbox"/> INJECTION WELL <input type="checkbox"/> LAND TREATMENT
IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY			<input type="checkbox"/> TREATMENT (SPECIFY)
NAME <u>214</u>			<input type="checkbox"/> RECOVERY OR REUSE <input type="checkbox"/> STORAGE/TRANSFER
NO. <u>214</u>			SIGNATURE OF AUTHORIZED AGENT & TITLE
DATE <u>1/8/80</u>			DATE ACCEPTED

INSTRUCTIONS. PLEASE TYPE
OR PRINT CLEARLY.

PRESS HARD

CALIFORNIA HAZARDOUS WASTE MANIFEST
STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P STREET, SACRAMENTO, CA 95814

363 - 00330

7956 ✓

GENERATOR (GENERATOR MUST COMPLETE)

① NAME BENDIX CORP
EPA NO. CAD008325334
ADDRESS 11600 SHERMAN WAY
CITY, STATE, ZIP CODE W. HOLLYWOOD, CALIF 91605
PHONE NO. 765-1010
ORDER PLACED BY W.J. SPECK ORDER DATE 1-29
P.O. CONTRACT NO.

② DESIGNATED TSD FACILITY

AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM
NAME BKM LAND FILL
EPA NO. CAD067786749
ADDRESS 3210 AZUSA AVE
CITY, STATE, ZIP CODE W. COVINA CALIF
PHONE NO. 965-0916

③ ALTERNATE TSD FACILITY

NAME CASMARIA DISP
EPA NO. CAD020743121
ADDRESS 11TV ROAD
CITY, STATE, ZIP CODE CASMARIA, 739
PHONE NO. 805-977-8449

④ U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS	NUMBER
WASTE <u>COOLANT + OIL</u>			<u>3000gal</u>		DRUMS	
WASTE					TANK TRUCK	
					BAGS	
					CARTONS	
					DUMP TRUCK	
					OTHER	

⑤ WASTE CATEGORY COOLANT + OIL ⑥ EX. HAZ. WASTE PERMIT NO. ⑦ GENERATING PROCESS MACHINE WORK
⑧ LIST COMPONENTS CONCENTRATION RANGE UNITS
A COOLANT + OIL PPM E
B PPM F
C PPM G
D PPM NONHAZARDOUS MATERIAL %
⑨ WASTE PROPERTIES PH 8 ☐ TOXIC ☐ FLAMMABLE ☐ CORROSIVE/IRRITANT ☐ REACTIVE ☐ SENSITIZER ☐ CARCINOGEN/MUTAGEN
⑩ PHYSICAL STATE ☐ SOLID ☒ LIQUID ☐ SLUDGE ☐ SLURRY ☐ GAS ☐ OTHER
⑪ SPECIAL HANDLING INSTRUCTIONS: ☒ GLOVES ☒ GOGGLES ☐ RESPIRATOR ☐ OTHER

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL
RESPONSE CENTER, U. S. COAST GUARD 1-800-424-8802.

⑫ WJ. SPECK SUPERVISOR STILLED
SIGNATURE OF AUTHORIZED AGENT & TITLE DATE SHIPPED 1-30-8

TRANSPORTER (HAULER MUST COMPLETE)

⑬ NAME LIQUID WASTE MANAGEMENT
EPA NO. CAD0000072843
ADDRESS P.O. BOX 1082
CITY, STATE, ZIP CODE SUN VALLEY, CALIFORNIA 91352
PHONE NO. (213) 767-4424

JOB NO. 1
UNIT NO. 2

⑭ PICK UP DATE 1-30-8
TIME 1:30 ☒ AM ☐ PM

⑮ Randy R...
SIGNATURE OF AUTHORIZED AGENT & TITLE

TSD FACILITY (OPERATOR MUST COMPLETE)

⑯ NAME BKM ⑰ QUANTITY (IF MEASURED) see # 02260
EPA NO. CAD067786749 ⑱ STATE FEE (IF ANY) \$10
⑲ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT
⑳ IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY

HANDLING OR DISPOSAL METHOD:
☐ SURFACE IMPOUNDMENT ☒ LANDFILL
☐ INJECTION WELL ☐ LAND TREATMENT
☐ TREATMENT (SPECIFY)
☐ RECOVERY OR REUSE ☐ STORAGE/TRANSFER

⑲ Randy R...
SIGNATURE OF AUTHORIZED AGENT & TITLE DATE RECEIVED 1/30/8

PRESS HARD

363 - 00495

804E

(GENERATOR MUST COMPLETE)

③ DESIGNATED TSD FACILITY

④ ALTERNATE TSD FACILITY

③ NAME DEWIX CON
EPA NO. CT1008325334
ADDRESS 11600 SHERMAN WAY
CITY, STATE, N. HOLLYWOOD, CALIF 91605
ZIP CODE 705-1010
PHONE NO. W. J. S PECK
ORDER PLACED BY 8047-013581
P. O. 2-11-8
CONTRACT NO. ORDER DATE

(AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)

NAME BAD LIND FILL
EPA NO. CA0067786749
ADDRESS 2210 AZUSA AVE
CITY STATE W. COVINA, CALIF
ZIP CODE 91505
PHONE NO. 965-0916

NAME C. A. SMITH JR
EPA NO. CA0020748121
ADDRESS NTV ROAD
CITY, STATE CASIMIRA 734
ZIP CODE
PHONE NO. 805-977-8449

④ U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS: NUMBER					
WASTE COOLANT & OIL			3.750			DRUMS		BAGS	<input type="checkbox"/> CARTONS	<input type="checkbox"/> DUMP TRUCK
WASTE					<input checked="" type="checkbox"/>	TANK TRUCK		OTHER		

① WASTE CATEGORY: <u>COOLANT</u>		② EX-HAZ WASTE PERMIT NO. _____		③ GENERATING PROCESS: <u>MACHINE WORK</u>	
④ LIST COMPONENTS:		CONCENTRATION RANGE UPPER LOWER UNITS		CONCENTRATION RANGE UPPER LOWER UNITS	
A <u>COOLANT & OIL</u>		<input type="checkbox"/> % <input type="checkbox"/> PPM E _____		<input type="checkbox"/> % <input type="checkbox"/> PPM	
B _____		<input type="checkbox"/> % <input type="checkbox"/> PPM F _____		<input type="checkbox"/> % <input type="checkbox"/> PPM	
C _____		<input type="checkbox"/> % <input type="checkbox"/> PPM G _____		<input type="checkbox"/> % <input type="checkbox"/> PPM	
D _____		<input type="checkbox"/> % <input type="checkbox"/> PPM		NONHAZARDOUS MATERIAL	
⑤ WASTE PROPERTIES: PH <u>8</u> <input type="checkbox"/> TOXIC <input type="checkbox"/> FLAMMABLE <input type="checkbox"/> CORROSIVE/IRRITANT <input type="checkbox"/> REACTIVE <input type="checkbox"/> SENSITIZER <input type="checkbox"/> CARCINOGEN/MUTAGEN					
⑥ PHYSICAL STATE: <input type="checkbox"/> SOLID <input checked="" type="checkbox"/> LIQUID <input type="checkbox"/> SLUDGE <input type="checkbox"/> SLURRY <input type="checkbox"/> GAS <input type="checkbox"/> OTHER _____					
⑦ SPECIAL HANDLING INSTRUCTIONS: <input checked="" type="checkbox"/> GLOVES <input checked="" type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> OTHER <u>230</u>					

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.	
IN THE EVENT OF A SPILL CONTACT THE NATIONAL RESPONSE CENTER, U. S. COAST GUARD 1-800-424-8802.	SKILLED W. J. SPECK SUPERVISOR TRADES 2-13-8 SIGNATURE OF AUTHORIZED AGENT & TITLE DATE SHIPPED

(HAULER MUST COMPLETE)

① NAME: **LIQUID WASTE MANAGEMENT**

EPA NO:

C	A	D	0	0	0	0	7	2	8	4	3
---	---	---	---	---	---	---	---	---	---	---	---

ADDRESS: **P.O. BOX 1082**

CITY, STATE, ZIP CODE: **SUN VALLEY, CALIFORNIA 91352**

PHONE NO: **(213) 767-4424**

JOB NO. 2
UNIT NO. 2

(15) PICK-UP DATE 2-13-81
TIME 2:25 4 AM P

16 
SIGNATURE OF AUTHORIZED AGENT & TITLE

(OPERATOR MUST COMPLETE)

① NAME 12.4
EPA NO. 041027784794

(18) QUANTITY (IF MEASURED) #0046
(19) STATE FEE (IF ANY) \$ 0

②0 INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT

21) HANDLING OR DISPOSAL METHOD:

<input type="checkbox"/>	SURFACE IMPOUNDMENT	<input checked="" type="checkbox"/>	LANDFILL
<input type="checkbox"/>	INJECTION WELL	<input type="checkbox"/>	LAND TREATMENT
<input type="checkbox"/>	TREATMENT (SPECIFY)		
<input type="checkbox"/>	RECOVERY OR REUSE	<input type="checkbox"/>	STORAGE/TRANSFER

② IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY

[illegible]

☐ RECOVERY OR REUSE
 ☐ STORAGE/TRANSFER

(2) D. [Signature]
 SIGNATURE OF AUTHORIZED AGENT & TITLE

2/13/87
 DATE ACCEPTED

INSTRUCTIONS. PLEASE TYPE
OR PRINT CLEARLY.

CALIFORNIA HAZARDOUS WASTE MANIFEST
STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P STREET, SACRAMENTO, CA 95814

363 - 00686

8307

PRESS HARD

GENERATOR

(GENERATOR MUST COMPLETE)

① NAME BENDIX CORP
EPA NO. CAD0008325917
ADDRESS 11600 SHERMAN WAY
CITY, STATE, ZIP CODE N. HOLLYWOOD, CAL 91605
PHONE NO. 765-1040
ORDER PLACED BY W. Speck ORDER DATE 3-2-81
P.O. CONTRACT NO. SDH-81-013551

② DESIGNATED TSD FACILITY

(AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)
NAME OPERATING LTD
EPA NO. CAT080012024
ADDRESS 2425 S. GARFIELD AVE
CITY, STATE, ZIP CODE MONTEREY PARK, CAL
PHONE NO. _____

③ ALTERNATE TSD FACILITY

NAME BKK LANDFILL
EPA NO. CAD067286749
ADDRESS 102310 AZUSA
CITY, STATE, ZIP CODE W. COVINA CAL
PHONE NO. 565-0916

④ U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS: NUMBER	DRUMS	BAGS	CARTONS	DUMP TRUCK
WASTE <u>Oil</u>	<u>none</u>		<u>3700 GALS</u>			<input checked="" type="checkbox"/>			
WASTE						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

⑤ WASTE CATEGORY Oil
⑥ EX. HAZ. WASTE PERMIT NO. none
⑦ GENERATING PROCESS machinery work
⑧ LIST COMPONENTS: _____
⑨ WASTE PROPERTIES: PH 8 ☐ TOXIC ☐ FLAMMABLE ☐ CORROSIVE/IRRITANT ☐ REACTIVE ☐ SENSITIZER ☐ CARCINOGEN/MUTAGEN
⑩ PHYSICAL STATE: ☐ SOLID ☒ LIQUID ☐ SLUDGE ☐ SLURRY ☐ GAS ☐ OTHER _____
⑪ SPECIAL HANDLING INSTRUCTIONS: ☐ GLOVES ☐ GOGGLES ☐ RESPIRATOR ☐ OTHER _____

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL
RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802.

⑫ SIGNATURE OF AUTHORIZED AGENT & TITLE W. Speck Supervisor
DATE SHIPPED 3-4-81

TRANSPORTER

(HAULER MUST COMPLETE)

⑬ NAME LIQUID WASTE MANAGEMENT
EPA NO. CAD0000072843
ADDRESS P.O. BOX 1082
CITY, STATE, ZIP CODE SUN VALLEY, CALIFORNIA 91352
PHONE NO. (213) 767-4424

JOB NO. 3
UNIT NO. 3

⑭ PICK-UP DATE 3-4-81
TIME 9:35 ☒ AM ☐ PM

⑮ SIGNATURE OF AUTHORIZED AGENT & TITLE Dennis R. [Signature]

TSD FACILITY

(OPERATOR MUST COMPLETE)

⑯ NAME OPERATING LTD
EPA NO. CAT080012024
⑰ QUANTITY (IF MEASURED) 3700
⑱ STATE FEE (IF ANY) \$ 15.25
⑲ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT _____

⑳ IF WASTE IS HELD FOR DELIVERY ELSEWHERE SPECIFY THE DESIGNATED TSD FACILITY.

NAME _____
EPA NO. _____
REVISED 11/80

㉑ HANDLING OR DISPOSAL METHOD:
☐ SURFACE IMPOUNDMENT ☐ LANDFILL
☐ INJECTION WELL ☐ LAND TREATMENT
☐ TREATMENT (SPECIFY) _____
☐ RECOVERY OR REUSE ☐ STORAGE/TRANSFER

㉒ SIGNATURE OF AUTHORIZED AGENT & TITLE [Signature]
DATE ACCEPTED 3-4-81

INSTRUCTIONS. PLEASE TYPE OR PRINT CLEARLY.

PRESS HARD

CALIFORNIA HAZARDOUS WASTE MANIFEST
STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P STREET, SACRAMENTO, CA 95814

363 - 00742

8426

GENERATOR (GENERATOR MUST COMPLETE)

DESIGNATED TSD FACILITY

ALTERNATE TSD FACILITY

NAME BENDIX CORP
EPA NO. CAD008325
ADDRESS 11600 SHERMAN WAY
CITY, STATE, ZIP CODE N. HOLLYWOOD CAL 91605
PHONE NO. 765-1010
ORDER PLACED BY W. J. SPECK ORDER DATE 3-18-81
CONTRACT NO. 8047-913581-106471

NAME OPERATING INC.
EPA NO. CAT080512024
ADDRESS 2425 S. GARFIELD AVE
CITY, STATE, ZIP CODE MONTERRAY PARK, CAL
PHONE NO.

NAME BKK LANDFILL
EPA NO. CAD0067786749
ADDRESS 2210 AZUSA AVE
CITY, STATE, ZIP CODE W. CAVINA CAL
PHONE NO. 565-0986

U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA ID. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS NUMBER	DRUMS	BAGS	CARTONS	DUMP TRUCK
WASTE <u>Oil</u>	<u>none</u>		<u>3700</u>			<input checked="" type="checkbox"/>			
WASTE						<input type="checkbox"/>			

WASTE CATEGORY Oil EX HAZ WASTE PERMIT NO. none GENERATING PROCESS Smelting work
LIST COMPONENTS CONCENTRATION UNITS
A PPM
B PPM
C PPM
D PPM
WASTE PROPERTIES PH 8 ☐ TOXIC ☐ FLAMMABLE ☐ CORROSIVE/IRRITANT ☐ REACTIVE ☐ SENSITIZER ☐ CARCINOGEN/MUTAGEN
PHYSICAL STATE ☐ SOLID ☒ LIQUID ☐ SLUDGE ☐ SLURRY ☐ GAS ☐ OTHER
SPECIAL HANDLING INSTRUCTIONS ☒ GLOVES ☐ GOGGLES ☐ RESPIRATOR ☐ OTHER

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA
IN THE EVENT OF A SPILL CONTACT THE NATIONAL RESPONSE CENTER, U. S. COAST GUARD 1-800-424-8802.
Signature of Authorized Agent & Title W. J. Speck Supervisor DATE SHIPPED 3-18-81

TRANSPORTER (HAULER MUST COMPLETE)

NAME LIQUID WASTE MANAGEMENT
EPA NO. CAD0000072843
ADDRESS P.O. BOX 1082
CITY, STATE, ZIP CODE SUN VALLEY, CALIFORNIA 91352
PHONE NO. (213) 767-4424

JOB NO. 2 PICK-UP DATE 3-18-81
UNIT NO. 2 TIME AM
Signature of Authorized Agent & Title Dennis Luning

TSD FACILITY (OPERATOR MUST COMPLETE)

NAME OPERATING INC QUANTITY (IF MEASURED) 3700
EPA NO. CAT080512024 STATE FEE (IF ANY) \$ 15.75
INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT
IF WASTE IS HELD FOR DELIVERY ELSEWHERE SPECIFY THE DESIGNATED TSD FACILITY
NAME
EPA NO.
Signature of Authorized Agent & Title D. H. H. H.

HANDLING OR DISPOSAL METHOD:
☐ SURFACE IMPOUNDMENT ☒ LANDFILL
☐ INJECTION WELL ☐ LAND TREATMENT
☐ TREATMENT (SPECIFY) ☐ STORAGE/TRANSFER
☐ RECOVERY OR REUSE
DATE ACCEPTED 3-18-81

SEE REVERSE SIDES FOR INSTRUCTIONS. PLEASE TYPE OR PRINT CLEARLY.

PRESS HARD

CALIFORNIA HAZARDOUS WASTE MANIFEST
STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P STREET, SACRAMENTO, CA 95814

363 - 00849

8492

GENERATOR (GENERATOR MUST COMPLETE)

① NAME BENDIX CORP
EPA NO. CA0008325334
ADDRESS 11400 SHEPHERD WAY
CITY, STATE, ZIP CODE N. HOLLAND, CALIF 91605
PHONE NO. 765-1010
ORDER PLACED BY W. J. SPECK ORDER DATE 4-2
P.O. CONTRACT NO. 8047-012587

② DESIGNATED TSD FACILITY

(AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)
NAME BKK LANDFILL
EPA NO. CA0067786779
ADDRESS 3310 47TH AVE
CITY, STATE, ZIP CODE WILCOXVILLE, CALIF
PHONE NO. 565-0916

③ ALTERNATE TSD FACILITY

NAME CASSELLIA DISF.
EPA NO. CA0002024812
ADDRESS WTK ROAD
CITY, STATE, ZIP CODE CHATHAM, CALIF
PHONE NO. _____

④ U. S. DOT PROPER SHIPPING NAME	U. S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS: NUMBER
WASTE <u>Oil & water</u>	<u>none</u>		<u>3,500 gal</u>		
WASTE					<input checked="" type="checkbox"/> DRUMS <input type="checkbox"/> BAGS <input type="checkbox"/> CARTONS <input type="checkbox"/> DUMP TRUCK
					<input checked="" type="checkbox"/> TANK TRUCK <input type="checkbox"/> OTHER

⑤ WASTE CATEGORY Oil & water ⑥ EX. HAZ. WASTE PERMIT NO. none ⑦ GENERATING PROCESS mach work

⑧ LIST COMPONENTS: CONC. RANGE UPPER LOWER UNITS

A	B	C	D	%	PPM	E	F	G	%	PPM

⑨ WASTE PROPERTIES PH 8 ☐ TOXIC ☐ FLAMMABLE ☐ CORROSIVE/IRRITANT ☐ REACTIVE ☐ SENSITIZER ☐ CARCINOGEN/MUTAGEN

⑩ PHYSICAL STATE ☐ SOLID ☒ LIQUID ☐ SLUDGE ☐ SLURRY ☐ GAS ☐ OTHER

⑪ SPECIAL HANDLING INSTRUCTIONS ☒ GLOVES ☐ GOGGLES ☐ RESPIRATOR ☐ OTHER

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL RESPONSE CENTER, U. S. COAST GUARD 1-800-424-8802.

⑫ W. J. Speck SUPERVISOR W. J. Speck
SIGNATURE OF AUTHORIZED AGENT & TITLE DATE SHIPPED 4-2-81

TRANSPORTER (HAULER MUST COMPLETE)

⑬ NAME LIQUID WASTE MANAGEMENT
EPA NO. CA00000072843
ADDRESS P.O. BOX 1082
CITY, STATE, ZIP CODE SUN VALLEY, CALIFORNIA 91352
PHONE NO. (213) 767-4424

JOB NO. 1
UNIT NO. 2

⑭ PICK-UP DATE 4-2-81
TIME 7:34 ☒ AM ☐ PM

⑮ Randy K...
SIGNATURE OF AUTHORIZED AGENT & TITLE

TSD FACILITY (OPERATOR MUST COMPLETE)

⑯ NAME BKK
EPA NO. CA0067786779

⑰ QUANTITY (IF MEASURED) SEE TIC#
⑱ STATE FEE (IF ANY) \$ 347

⑲ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT

⑳ HANDLING OR DISPOSAL METHOD:
☐ SURFACE IMPOUNDMENT ☒ LANDFILL
☐ INJECTION WELL ☐ LAND TREATMENT
☐ TREATMENT (SPECIFY)
☐ RECOVERY OR REUSE ☐ STORAGE/TRANSFER

㉑ IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY:

NAME _____
EPA NO. _____
REVISED 11/80

㉒ W. J. Speck
SIGNATURE OF AUTHORIZED AGENT & TITLE DATE ACCEPTED 4/3/81

SEE REVERSE SIDES FOR INSTRUCTIONS. PLEASE TYPE OR PRINT CLEARLY.

PRESS HARD

CALIFORNIA HAZARDOUS WASTE MANIFEST

STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P STREET, SACRAMENTO, CA 95814

363 - 00905

8186

GENERATOR (GENERATOR MUST COMPLETE)

① NAME BENDIX CORP.
EPA NO. CAD008325374
ADDRESS 11600 SHERMAN WAY
CITY, STATE, ZIP CODE N. Hollywood Calif 91605
PHONE NO. 765-1010
ORDER PLACED BY H. HUDSON ORDER DATE 4-16-81
CONTRACT NO. 8047-106472

② DESIGNATED TSD FACILITY

AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM

NAME BKK NAME _____
EPA NO. CAD0062786749 EPA NO. _____
ADDRESS 2310 Laguna St ADDRESS _____
CITY, STATE, ZIP CODE 20 Corona Cal CITY, STATE, ZIP CODE _____
PHONE NO. _____ PHONE NO. _____

③ U. S. DOT PROPER SHIPPING NAME	U. S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS: NUMBER
WASTE <u>Oil</u>	<u>None</u>		<u>3000 gal</u>		DRUMS <input type="checkbox"/> BAGS <input type="checkbox"/> CARTONS <input type="checkbox"/> DUMP TRUCK <input type="checkbox"/>
WASTE					<input checked="" type="checkbox"/> TANK TRUCK <input type="checkbox"/> OTHER <input type="checkbox"/>

④ WASTE CATEGORY Oil & Water ⑤ EX. HAZ. WASTE PERMIT NO. None ⑥ GENERATING PROCESS Machine Work
⑦ WASTE COMPONENTS: Oil CONC. RANGE UPPER LOWER UNITS PPM E _____
Water CONC. RANGE UPPER LOWER UNITS PPM F _____
B _____ UNITS PPM G _____
C _____ UNITS PPM
D _____ UNITS PPM
⑧ WASTE PROPERTIES PH 6 ☐ TOXIC ☐ FLAMMABLE ☐ CORROSIVE/IRRITANT ☐ REACTIVE ☐ SENSITIZER ☐ CARCINOGEN/MUTAGEN
⑨ PHYSICAL STATE ☐ SOLID ☒ LIQUID ☐ SLUDGE ☐ SLURRY ☐ GAS ☐ OTHER _____
⑩ SPECIAL HANDLING INSTRUCTIONS: ☒ GLOVES ☐ GOGGLES ☐ RESPIRATOR ☐ OTHER _____

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL RESPONSE CENTER, U. S. COAST GUARD 1-800-424-8802. SIGNATURE OF AUTHORIZED AGENT & TITLE [Signature] DATE SHIPPED 4-16-81

TRANSPORTER (HAULER MUST COMPLETE)

⑪ NAME LIQUID WASTE MANAGEMENT
EPA NO. CAD0000072843
ADDRESS P.O. BOX 1082
CITY, STATE, ZIP CODE SUN VALLEY, CALIFORNIA 91352
PHONE NO. (213) 767-4424

JOB NO. 8186 ⑫ PICK-UP DATE 4/16/81
UNIT NO. _____ TIME ☐ AM ☒ PM
⑬ SIGNATURE OF AUTHORIZED AGENT & TITLE [Signature]

TSD FACILITY (OPERATOR MUST COMPLETE)

⑭ NAME BKK Corp ⑮ QUANTITY (IF MEASURED) _____
EPA NO. CAD0062786749 ⑯ STATE FEE (IF ANY) \$ _____
⑰ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT _____
⑱ IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY _____
NAME _____
EPA NO. _____
REVISD 11/80
⑲ HANDLING OR DISPOSAL METHOD: ☐ SURFACE IMPOUNDMENT ☒ LANDFILL
☐ INJECTION WELL ☐ LAND TREATMENT
☐ TREATMENT (SPECIFY) _____
☐ RECOVERY OR REUSE ☐ STORAGE/TRANSFER
⑳ SIGNATURE OF AUTHORIZED AGENT & TITLE [Signature] DATE ACCEPTED 4/17/81

SEE REVERSE SIDES FOR INSTRUCTIONS. PLEASE TYPE OR PRINT CLEARLY.

PRESS HARD

GENERATOR

(GENERATOR MUST COMPLETE)

② NAME BRINDIX CORP
EPA NO. 0020000072843
ADDRESS 11111 11TH AVE
CITY, STATE, ZIP CODE WILSON, CAL 91605
PHONE NO. 765-4010
ORDER PLACED BY W. J. SPECK ORDER DATE 5-26
P.O. CONTRACT NO. 8049-106472

CALIFORNIA HAZARDOUS WASTE MANIFEST

STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P STREET, SACRAMENTO, CA 95814

363 - 01128

105

③ DESIGNATED TSD FACILITY

(AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)

NAME BKR
EPA NO. 0020000072843
ADDRESS 2010 AZUSA AVE
CITY, STATE, ZIP CODE WILSON, CAL 91605
PHONE NO. 569-0716

④ ALTERNATE TSD FACILITY

NAME CASSELLA
EPA NO. 0020000072843
ADDRESS MTV ROAD
CITY, STATE, ZIP CODE SHASTA, CAL 95701
PHONE NO. 805-777-8447

⑤ U. S. DOT PROPER SHIPPING NAME	U. S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS: NUMBER
WASTE <u>Oil & Water</u>	<u>none</u>		<u>3500</u>	<u>gal</u>	
WASTE					DRUMS <input type="checkbox"/> BAGS <input type="checkbox"/> CARTONS <input type="checkbox"/> DUMP TRUCK <input type="checkbox"/>
					TANK TRUCK <input type="checkbox"/> OTHER <input type="checkbox"/>

⑥ WASTE CATEGORY Oil & Water
⑦ LIST COMPONENTS: CONC. RANGE UPPER LOWER UNITS
A _____
B _____
C _____
D _____
⑧ EX. HAZ. WASTE PERMIT NO. none
⑨ GENERATING PROCESS machine lubrication
CONC. RANGE UPPER LOWER UNITS
E _____
F _____
G _____
NONHAZARDOUS MATERIAL _____ %
⑩ WASTE PROPERTIES: PH 8 TOXIC ☐ FLAMMABLE ☐ CORROSIVE/IRRITANT ☐ REACTIVE ☐ SENSITIZER ☐ CARCINOGEN/MUTAGEN ☐
⑪ PHYSICAL STATE: SOLID ☐ LIQUID ☒ SLUDGE ☐ SLURRY ☐ GAS ☐ OTHER ☐
⑫ SPECIAL HANDLING INSTRUCTIONS: GLOVES ☐ GOGGLES ☐ RESPIRATOR ☐ OTHER ☐

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL RESPONSE CENTER, U. S. COAST GUARD 1-800-424-8802.

SIGNATURE OF AUTHORIZED AGENT & TITLE

DATE SHIPPED

TRANSPORTER

(HAULER MUST COMPLETE)

⑭ NAME LIQUID WASTE MANAGEMENT
EPA NO. CAD0000072843
ADDRESS P.O. BOX 1082
CITY, STATE, ZIP CODE SUN VALLEY, CALIFORNIA 91352
PHONE NO. (213) 767-4424

JOB NO. 105
UNIT NO. 3

⑮ PICK-UP DATE 5/28/81
TIME 8:30 AM ☐ PM ☐

SIGNATURE OF AUTHORIZED AGENT & TITLE

TSD FACILITY

(OPERATOR MUST COMPLETE)

⑰ NAME W. J. SPECK
EPA NO. 0020000072843
⑱ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT
⑳ IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY

⑱ QUANTITY (IF MEASURED) 3500
⑲ STATE FEE (IF ANY) \$ 1100

HANDLING OR DISPOSAL METHOD:
☐ SURFACE IMPOUNDMENT
☐ INJECTION WELL
☐ TREATMENT (SPECIFY)
☐ RECOVERY OR REUSE
☒ LANDFILL
☐ LAND TREATMENT
☐ STORAGE/TRANSFER

NAME _____
EPA NO. _____
REVISED 11/80

SIGNATURE OF AUTHORIZED AGENT & TITLE

DATE ACCEPTED

PRESS HARD

STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P STREET, SACRAMENTO, CA 95814

20

(GENERATOR MUST COMPLETE)

③ DESIGNATED TSD FACILITY

④ ALTERNATE TSD FACILITY

(AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)

NAME
EPA NO.

1	2	3	4	5	6	7	8	9	0
	A	D	C	6	7	7	2	6	7

ADDRESS 2210 AZUSA ST
CITY, STATE,
ZIP CODE 92604, CAL.
PHONE NO.

NAME WILLIAM J. BAKER
EPA NO. CADW2074212
ADDRESS NTV ROAD
CITY, STATE, CASIMIRA 7342
ZIP CODE
PHONE NO. (805) 977-5447

③ U. S. DOT PROPER SHIPPING NAME	U. S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS: NUMBER			
WASTE <i>oil</i>	<i>none</i>		<i>3500</i>		<input type="checkbox"/> DRUMS	<input type="checkbox"/> BAGS	<input type="checkbox"/> CARTONS	<input type="checkbox"/> DUMP TRUCK
WASTE					<input checked="" type="checkbox"/> TANK TRUCK	<input type="checkbox"/> OTHER		

(8) WASTE CATEGORY <u>WATER SOLID</u>						(7) EX. HAZ. WASTE PERMIT NO. _____						(9) GENERATING PROCESS <u>MACHINE WORKS</u>					
(9) LIST COMPONENTS:			CONC. RANGE		UNITS				CONC. RANGE		UNITS						
			UPPER	LOWER					UPPER	LOWER							
A	_____	_____	_____	_____	<input type="checkbox"/> % <input type="checkbox"/>	PPM	E	_____	_____	_____	<input type="checkbox"/> % <input type="checkbox"/>	PPM					
B	_____	_____	_____	_____	<input type="checkbox"/> % <input type="checkbox"/>	PPM	F	_____	_____	_____	<input type="checkbox"/> % <input type="checkbox"/>	PPM					
C	_____	_____	_____	_____	<input type="checkbox"/> % <input type="checkbox"/>	PPM	G	_____	_____	_____	<input type="checkbox"/> % <input type="checkbox"/>	PPM					
D	_____	_____	_____	_____	<input type="checkbox"/> % <input type="checkbox"/>	PPM	NONHAZARDOUS MATERIAL _____ %										
(10) WASTE PROPERTIES: PH <input checked="" type="checkbox"/> TOXIC <input type="checkbox"/> FLAMMABLE <input type="checkbox"/> CORROSIVE/IRRITANT <input type="checkbox"/> REACTIVE <input type="checkbox"/> SENSITIZER <input type="checkbox"/> CARCINOGEN/MUTAGEN																	
(11) PHYSICAL STATE <input type="checkbox"/> SOLID <input checked="" type="checkbox"/> LIQUID <input type="checkbox"/> SLUDGE <input type="checkbox"/> SLURRY <input type="checkbox"/> GAS <input type="checkbox"/> OTHER _____																	
(12) SPECIAL HANDLING INSTRUCTIONS: <input checked="" type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> OTHER _____																	

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL
RESPONSE CENTER, U. S. COAST GUARD 1-800-424-8802.

SIGNATURE OF AUTHORIZED AGENT & TITLE

DATE SHIPPED _____

(HAULER MUST COMPLETE)

⑭ NAME **LIQUID WASTE MANAGEMENT**

EPA NO.

C	A	D	0	0	0	0	7	2	8	4	3
---	---	---	---	---	---	---	---	---	---	---	---

ADDRESS **P.O. BOX 1082**

CITY, STATE **SUN VALLEY, CALIFORNIA**

ZIP CODE **91352**

PHONE NO. **(213) 767-4424**

JOB NO. _____
UNIT NO. _____

⑬ PICK-UP DATE 02-11-80
TIME 1 AM 1 PM

(16)

SIGNATURE OF AUTHORIZED AGENT & TITLE

(OPERATOR MUST COMPLETE)

⑰ NAME YK
EPA NO. 11111111111111111111

(18) QUANTITY (IF MEASURED) 13.37

(19) STATE FEE (IF ANY) \$ 13.37

② INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT

②② IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY:

[illegible]

HANDLING OR DISPOSAL METHOD:

<input type="checkbox"/>	SURFACE IMPOUNDMENT	<input checked="" type="checkbox"/>	LANDFILL
<input type="checkbox"/>	INJECTION WELL	<input type="checkbox"/>	LAND TREATMENT
<input type="checkbox"/>	TREATMENT (SPECIFY)		
<input type="checkbox"/>	RECOVERY OR REUSE	<input type="checkbox"/>	STORAGE/TRANSFER

SIGNATURE OF AUTHORIZED AGENT & TITLE

DATE ACCEPTED _____

PRESS HARD

4500

CALIFORNIA HAZARDOUS WASTE MANIFEST
STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P STREET, SACRAMENTO, CA 95814

363 - 01381

0197

GENERATOR (GENERATOR MUST COMPLETE)

③ DESIGNATED TSD FACILITY

④ ALTERNATE TSD FACILITY

(AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)

① NAME BENDIX CORP.
EPA NO. CAD0008325334
ADDRESS 11 CASHMAN WAY
CITY, STATE, ZIP CODE WILLYS CA 91605
PHONE NO. 714-51010
ORDER PLACED BY W. J. SPICK ORDER DATE 7-17-81
P.O. CONTRACT NO. 8047-06472

NAME PKK
EPA NO. CAD0007786747
ADDRESS 7310 AZUSA AVE
CITY, STATE, ZIP CODE W. P. CA 91791
PHONE NO. 564-0916

NAME _____
EPA NO. _____
ADDRESS _____
CITY, STATE, ZIP CODE _____
PHONE NO. _____

⑤ U. S. DOT PROPER SHIPPING NAME

U. S. DOT HAZARD CLASS

UN/NA I.D. NO.

WEIGHT OR VOLUME

UNITS

CONTAINERS: NUMBER

WASTE Oil & Water none 3,500 gal
WASTE _____

DRUMS ☐ BAGS ☐ CARTONS ☐ DUMP TRUCK ☐
TANK TRUCK ☐ OTHER ☐

⑥ WASTE CATEGORY Oil & Water

⑦ EX. HAZ. WASTE PERMIT NO. none

⑧ GENERATING PROCESS Machine/Impeller

⑨ LIST COMPONENTS:

CONC. RANGE

UNITS

CONC. RANGE

UNITS

A _____
B _____
C _____
D _____

NONHAZARDOUS MATERIAL _____ %

⑩ WASTE PROPERTIES PH 8 ☐ TOXIC ☐ FLAMMABLE ☐ CORROSIVE/IRRITANT ☐ REACTIVE ☐ SENSITIZER ☐ CARCINOGEN/MUTAGEN

⑪ PHYSICAL STATE ☐ SOLID ☒ LIQUID ☐ SLUDGE ☐ SLURRY ☐ GAS ☐ OTHER _____

⑫ SPECIAL HANDLING INSTRUCTIONS: ☒ GLOVES ☐ GOGGLES ☐ RESPIRATOR ☐ OTHER _____

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL RESPONSE CENTER, U. S. COAST GUARD 1-800-424-8802.

⑬ W. J. Spick Skilled
SIGNATURE OF AUTHORIZED AGENT & TITLE

7-20-81
DATE SHIPPED

TRANSPORTER (HAULER MUST COMPLETE)

JOB NO.

UNIT NO.

⑭ PICK-UP DATE

TIME

AM

PM

⑮ NAME LIQUID WASTE MANAGEMENT

EPA NO. CAD0000072843

ADDRESS P.O. BOX 1082

CITY, STATE, ZIP CODE SUN VALLEY, CALIFORNIA 91352

PHONE NO. (213) 767-4424

⑯ _____
SIGNATURE OF AUTHORIZED AGENT & TITLE

TSD FACILITY (OPERATOR MUST COMPLETE)

⑰ NAME

EPA NO. _____

⑱ QUANTITY (IF MEASURED) 13.55

⑲ STATE FEE (IF ANY) \$ 13.55

⑳ HANDLING OR DISPOSAL METHOD:

☐ SURFACE IMPOUNDMENT

☐ LANDFILL

☐ INJECTION WELL

☐ LAND TREATMENT

☐ TREATMENT (SPECIFY)

☐ RECOVERY OR REUSE

☐ STORAGE/TRANSF.

㉑ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT _____

㉒ IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY:

NAME _____

EPA NO. _____

REVISED 11/80

⑳ _____
SIGNATURE OF AUTHORIZED AGENT & TITLE

SEE REVERSE SIDES FOR
INSTRUCTIONS. PLEASE TYPE
OR PRINT CLEARLY.

PRESS HARD

CALIFORNIA HAZARDOUS WASTE MANIFEST
STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P STREET, SACRAMENTO, CA 95814

363 -

0 272

GENERATOR (GENERATOR MUST COMPLETE)

4500

③ DESIGNATED TSD FACILITY

④ ALTERNATE TSD FACILITY

② NAME BENTIN CORP
EPA NO. CAD000005334
ADDRESS 11600 SHERMAN WAY BLVD
CITY, STATE, ZIP CODE NO. HOLLYWOOD, CA. 91605
PHONE NO. (213) 765-1010
ORDER PLACED BY W. S. FGA ORDER DATE 8-5
CONTRACT NO. 8047-100472

(AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)
NAME W. S. FGA
EPA NO. CAD000000000
ADDRESS 2210 N. ZUMA AVE
CITY, STATE, ZIP CODE HOLLYWOOD, CA 91605
PHONE NO. 364-9716

NAME _____
EPA NO. _____
ADDRESS _____
CITY, STATE, ZIP CODE _____
PHONE NO. _____

⑤ U. S. DOT PROPER SHIPPING NAME	U. S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS: NUMBER
WASTE <u>Oil & Water</u>	<u>none</u>		<u>3500</u>	<u>gal</u>	<input type="checkbox"/> DRUMS <input type="checkbox"/> BAGS <input type="checkbox"/> CARTONS <input type="checkbox"/> DUMP TRUCK
WASTE					<input checked="" type="checkbox"/> TANK TRUCK <input type="checkbox"/> OTHER

⑥ WASTE CATEGORY	⑦ EX. HAZ. WASTE PERMIT NO.	⑧ GENERATING PROCESS
<u>Oil & Water</u>	<u>none</u>	<u>Machine Work</u>
⑨ LIST COMPONENTS:	UNITS	CONC. RANGE UPPER LOWER UNITS
A _____	% PPM	E _____
B _____	% PPM	F _____
C _____	% PPM	G _____
D _____	% PPM	
⑩ WASTE PROPERTIES: PH <u>8</u> <input type="checkbox"/> TOXIC <input type="checkbox"/> FLAMMABLE <input type="checkbox"/> CORROSIVE/IRRITANT <input type="checkbox"/> REACTIVE <input type="checkbox"/> SENSITIZER <input type="checkbox"/> CARCINOGEN/MUTAGEN		
⑪ PHYSICAL STATE <input type="checkbox"/> SOLID <input checked="" type="checkbox"/> LIQUID <input type="checkbox"/> SLUDGE <input type="checkbox"/> SLURRY <input type="checkbox"/> GAS <input type="checkbox"/> OTHER		
⑫ SPECIAL HANDLING INSTRUCTIONS: <input checked="" type="checkbox"/> GLOVES <input type="checkbox"/> BOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> OTHER		

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL
RESPONSE CENTER, U. S. COAST GUARD 1-800-424-8802.

⑬ W. S. FGA SIGNATURE OF AUTHORIZED AGENT & TITLE
DATE SHIPPED 8-6-91

TRANSPORTER (HAULER MUST COMPLETE)

⑭ NAME LIQUID WASTE MANAGEMENT
EPA NO. CAD0000072843
ADDRESS P.O. BOX 1082
CITY, STATE, ZIP CODE SUN VALLEY, CALIFORNIA 91352
PHONE NO. (213) 767-4424

JOB NO. 2
UNIT NO. 2

⑮ PICK-UP DATE 8-6-91
TIME 11:00 ☒ AM ☐ PM

⑯ David R. ... SIGNATURE OF AUTHORIZED AGENT & TITLE

TSD FACILITY (OPERATOR MUST COMPLETE)

⑰ NAME BKK
EPA NO. 141112000000000000
⑱ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT
⑳ IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY

⑲ QUANTITY (IF MEASURED) 4500
⑳ STATE FEE (IF ANY) \$ 1055

⑳ HANDLING OR DISPOSAL METHOD:
☐ SURFACE IMPOUNDMENT ☒ LANDFILL
☐ INJECTION WELL ☐ LAND TREATMENT
☐ TREATMENT (SPECIFY) ☐ STORAGE/TRANSFER
☐ RECOVERY OR REUSE

NAME _____
EPA NO. _____
REVISD 11/80
⑲ W. S. FGA SIGNATURE OF AUTHORIZED AGENT & TITLE
DATE ACCEPTED 8-6-91

29

SIGNATURE OF AUTHORIZED AGENT & TITLE

DATE ACCEPTED

SEE REVERSE SIDES FOR
INSTRUCTIONS. PLEASE TYPE
OR PRINT CLEARLY.

PRESS HARD

CALIFORNIA HAZARDOUS WASTE MANIFEST
STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P STREET, SACRAMENTO, CA 95814

363 -

0380

GENERATOR (GENERATOR MUST COMPLETE)

② NAME BENDIX CORPORATION
EPA NO. 00000000000000000000
ADDRESS 11600 SHEPHERD WAY
CITY, STATE, ZIP CODE NO. HOLLYWOOD, CALIF., 91605
PHONE NO. (310) 755-1010 x333
ORDER PLACED BY W.D. SLEIGHT ORDER DATE 8-24
CONTRACT NO. SALE-106479

③ DESIGNATED TSD FACILITY

(AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)

NAME BITT / HINDS
EPA NO. 00000000000000000000
ADDRESS 2510 WILSON AVE
CITY, STATE, ZIP CODE WILSON, CALIF.
PHONE NO. 564-0913

④ ALTERNATE TSD FACILITY

NAME _____
EPA NO. _____
ADDRESS _____
CITY, STATE, ZIP CODE _____
PHONE NO. _____

⑤ U. S. DOT PROPER SHIPPING NAME	U. S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS: NUMBER
WASTE <u>Oil & water</u>	<u>none</u>	<u>•</u>	<u>3500 gal.</u>	<u>gal.</u>	<input type="checkbox"/> DRUMS <input type="checkbox"/> BAGS <input type="checkbox"/> CARTONS <input type="checkbox"/> DUMP TRUCK
WASTE _____	_____	_____	_____	_____	<input type="checkbox"/> TANK TRUCK <input type="checkbox"/> OTHER

⑥ WASTE CATEGORY Oil & water ⑦ EX. HAZ. WASTE PERMIT NO. none ⑧ GENERATING PROCESS machinery
⑨ LIST COMPONENTS: _____
A _____
B _____
C _____
D _____
PH 8 ☐ TOXIC ☐ FLAMMABLE ☐ CORROSIVE/IRRITANT ☐ REACTIVE ☐ SENSITIZER ☐ CARCINOGEN/MUTAGEN
⑩ PHYSICAL STATE ☐ SOLID ☒ LIQUID ☐ SLUDGE ☐ SLURRY ☐ GAS ☐ OTHER _____
⑪ SPECIAL HANDLING INSTRUCTIONS: ☒ GLOVES ☐ GOGGLES ☐ RESPIRATOR ☐ OTHER _____

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.
IN THE EVENT OF A SPILL CONTACT THE NATIONAL RESPONSE CENTER, U. S. COAST GUARD 1-800-424-8802.
⑫ W.D. Sleight SIGNATURE OF AUTHORIZED AGENT & TITLE
DATE SHIPPED 8-25-01

TRANSPORTER (HAULER MUST COMPLETE)

⑬ NAME LIQUID WASTE MANAGEMENT
EPA NO. CAD0000072843
ADDRESS P.O. BOX 1082
CITY, STATE, ZIP CODE SUN VALLEY, CALIFORNIA 91352
PHONE NO. (213) 767-4424

JOB NO. 4
UNIT NO. 2
⑭ PICK-UP DATE 8-25-01 TIME ☐ AM ☐ PM
⑮ Robert R. Rios SIGNATURE OF AUTHORIZED AGENT & TITLE

TSD FACILITY (OPERATOR MUST COMPLETE)

⑯ NAME _____
EPA NO. 00000000000000000000
⑯ QUANTITY (IF MEASURED) 11.72
⑯ STATE FEE (IF ANY) \$ 0.00
⑯ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT _____
⑯ IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY:
NAME _____
EPA NO. _____
REVISED 11/80

⑯ HANDLING OR DISPOSAL METHOD:
☐ SURFACE IMPOUNDMENT ☐ LANDFILL
☐ INJECTION WELL ☐ LAND TREATMENT
☐ TREATMENT (SPECIFY) _____
☐ RECOVERY OR REUSE ☐ STORAGE/TRANSFER

⑯ Robert R. Rios SIGNATURE OF AUTHORIZED AGENT & TITLE

SEE REVERSE SIDES FOR
INSTRUCTIONS. PLEASE
PRINT CLEARLY.

CALIFORNIA HAZARDOUS WASTE MANIFEST
STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P STREET, SACRAMENTO, CA 95814

363 - 018224
0210

GENERATOR (GENERATOR MUST COMPLETE)

NAME BENDIX CORP
A NO. CAD0000072843
ADDRESS 11000 SILVERMAN WAY
CITY, STATE, ZIP CODE W. HOLLYWOOD CAL 91605
PHONE NO. 765-14010
ORDER PLACED BY W. SPICK ORDER DATE 9-21-91
CONTRACT NO. 8075-158891

DESIGNATED TSD FACILITY (AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)

NAME RIT
EPA NO. CAD0007286747
ADDRESS 2210 AZUSA AVE
CITY, STATE, ZIP CODE W. GARDEN CAL 91605
PHONE NO. 565-0716

ALTERNATE TSD FACILITY

NAME _____
EPA NO. _____
ADDRESS _____
CITY, STATE, ZIP CODE _____
PHONE NO. _____

U. S. DOT PROPER SHIPPING NAME	U. S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS: NUMBER
WASTE <u>Oil & Water</u>	<u>none</u>		<u>3500</u>	<u>gals</u>	<input checked="" type="checkbox"/> DRUMS <input checked="" type="checkbox"/> TANK TRUCK <input type="checkbox"/> BAGS <input type="checkbox"/> CARTONS <input type="checkbox"/> DUMP TRUCK <input type="checkbox"/> OTHER
WASTE					

WASTE CATEGORY Oil & Water

LIST COMPONENTS: _____

EX. HAZ. WASTE PERMIT NO. none

GENERATING PROCESS machinery work

WASTE PROPERTIES: PH 8 ☐ TOXIC ☐ FLAMMABLE ☐ CORROSIVE/IRRITANT ☐ REACTIVE ☐ SENSITIZER ☐ CARCINOGEN/MUTAGEN

PHYSICAL STATE ☐ SOLID ☒ LIQUID ☐ SLUDGE ☐ SLURRY ☐ GAS ☐ OTHER

SPECIAL HANDLING INSTRUCTIONS: ☒ GLOVES ☐ GOGGLES ☐ RESPIRATOR ☐ OTHER

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL RESPONSE CENTER, U. S. COAST GUARD 1-800-424-8802.

SIGNATURE OF AUTHORIZED AGENT & TITLE W. Spick, Supervisor DATE SHIPPED 9-21-91

TRANSPORTER (HAULER MUST COMPLETE)

NAME LIQUID WASTE MANAGEMENT
A NO. CAD0000072843
ADDRESS P.O. BOX 1082
CITY, STATE, ZIP CODE SUN VALLEY, CALIFORNIA 91352
PHONE NO. (213) 767-4424

JOB NO. 210
UNIT NO. 30

PICK-UP DATE 9/21/91 TIME 9 AM ☐ PM ☒

SIGNATURE OF AUTHORIZED AGENT & TITLE D. Keller, Driver

TSD FACILITY (OPERATOR MUST COMPLETE)

NAME PKK
A NO. 11000000000000000000

QUANTITY (IF MEASURED) 12.94
STATE FEE (IF ANY) \$ 12.94

HANDLING OR DISPOSAL METHOD: ☐ SURFACE IMPOUNDMENT ☐ LANDFILL ☐ INJECTION WELL ☐ LAND TREATMENT ☐ TREATMENT (SPECIFY) ☐ RECOVERY OR REUSE ☐ STORAGE/TRANSFER

INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT _____

IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY: _____

SIGNATURE OF AUTHORIZED AGENT & TITLE Spick DATE ACCEPTED 9-21-91

SEE REVERSE SIDES FOR
INSTRUCTIONS. PLEASE TYPE
OR PRINT CLEARLY.

PRESS HARD

CALIFORNIA HAZARDOUS WASTE MANIFEST
STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P STREET, SACRAMENTO, CA 95814

363 - 01585
0113

GENERATOR (GENERATOR MUST COMPLETE)

① NAME BENNETT CORP
EPA NO. 01000000000000000000
ADDRESS 11600 SHERMAN WAY
CITY, STATE, ZIP CODE NO HOLLYWOOD, CA, 91605
PHONE NO. 765 1010 4333
ORDER PLACED BY W. J. SPECTOR ORDER DATE 10-17
P.O. CONTRACT NO. 10-17-150907

③ DESIGNATED TSD FACILITY

(AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)
NAME W. J. SPECTOR
EPA NO. 01000000000000000000
ADDRESS 2210 4TH ST +VE
CITY, STATE, ZIP CODE W. COVINGTON, CA 95626
PHONE NO. 365-0716

④ ALTERNATE TSD FACILITY

NAME _____
EPA NO. _____
ADDRESS _____
CITY, STATE, ZIP CODE _____
PHONE NO. _____

① U. S. DOT PROPER SHIPPING NAME	U. S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS: NUMBER
WASTE <u>Oil & Water</u>	<u>none</u>		<u>3500</u>	<u>gals</u>	<input checked="" type="checkbox"/> DRUMS <input type="checkbox"/> BAGS <input type="checkbox"/> CARTONS <input type="checkbox"/> DUMP TRUCK
WASTE					<input checked="" type="checkbox"/> TANK TRUCK <input type="checkbox"/> OTHER

② WASTE CATEGORY Oil & Water ⑤ EX HAZ. WASTE PERMIT NO. _____ ⑥ GENERATING PROCESS Oil & Water
⑦ LIST COMPONENTS: _____
A _____ B _____ C _____ D _____
CONC. RANGE: _____
UNITS: _____
PPM: _____
NONHAZARDOUS MATERIAL _____ %
⑧ WASTE PROPERTIES: PH 8 ☐ TOXIC ☐ FLAMMABLE ☐ CORROSIVE/IRRITANT ☐ REACTIVE ☐ SENSITIZER ☐ CARCINOGEN/MUTAGEN
⑨ PHYSICAL STATE ☐ SOLID ☒ LIQUID ☐ SLUDGE ☐ SLURRY ☐ GAS ☐ OTHER _____
⑩ SPECIAL HANDLING INSTRUCTIONS: ☒ GLOVES ☐ GOGGLES ☐ RESPIRATOR ☐ OTHER _____

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL
RESPONSE CENTER, U. S. COAST GUARD 1-800-424-8802.

⑪ W. J. SPECTOR SIGNATURE OF AUTHORIZED AGENT & TITLE
DATE SHIPPED 10-17-85

TRANSPORTER (HAULER MUST COMPLETE)

⑫ NAME LIQUID WASTE MANAGEMENT
EPA NO. 01000000000000000000
ADDRESS P.O. BOX 1082
CITY, STATE, ZIP CODE SUN VALLEY, CALIFORNIA 91352
PHONE NO. (213) 767-4424

JOB NO. _____ UNIT NO. _____
⑬ PICK-UP DATE 10-17-85
TIME _____ ☐ AM ☐ PM

⑭ W. J. SPECTOR SIGNATURE OF AUTHORIZED AGENT & TITLE

TSD FACILITY (OPERATOR MUST COMPLETE)

⑮ NAME _____
EPA NO. _____
⑯ QUANTITY (IF MEASURED) _____
⑰ STATE FEE (IF ANY) \$ _____
⑱ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT _____
⑲ IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY
NAME _____
EPA NO. _____
REVISED 11/80

⑲ HANDLING OR DISPOSAL METHOD:
☐ SURFACE IMPOUNDMENT ☐ LANDFILL
☐ INJECTION WELL ☐ LAND TREATMENT
☐ TREATMENT (SPECIFY) _____
☐ RECOVERY OR REUSE ☐ STORAGE/TRANSFER

⑲ W. J. SPECTOR SIGNATURE OF AUTHORIZED AGENT & TITLE
DATE ACCEPTED _____

SEE REVERSE SIDES FOR
INSTRUCTIONS. PLEASE TYPE
OR PRINT CLEARLY.

PRESS HARD

GENERATOR (GENERATOR MUST COMPLETE)

① NAME BORDIX CORP.
EPA NO. 000000025334
ADDRESS 11600 SHERMAN WAY
CITY, STATE, ZIP CODE NO. HOLLYWOOD, CA., 91605
PHONE NO. 765-1010 2333
ORDER PLACED BY W.D. SPECK ORDER DATE 11-2
CONTRACT NO. 9079-159991

CALIFORNIA HAZARDOUS WASTE MANIFEST
STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P STREET, SACRAMENTO, CA 95814

③ DESIGNATED TSD FACILITY

(AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)
NAME REIT
EPA NO. 000000025334
ADDRESS 21210 4TH ST. HKT
CITY, STATE, ZIP CODE 18 CALIFORNIA CA 916
PHONE NO. 5650716

④ ALTERNATE TSD FACILITY

NAME _____
EPA NO. _____
ADDRESS _____
CITY, STATE, ZIP CODE _____
PHONE NO. _____

⑤ U. S. DOT PROPER SHIPPING NAME	U. S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS: NUMBER
WASTE <u>Oil & Water</u>	<u>none</u>		<u>3,500</u>	<u>gals</u>	<input checked="" type="checkbox"/> DRUMS <input type="checkbox"/> BAGS <input type="checkbox"/> CARTONS <input type="checkbox"/> DUMP TRUCK
WASTE					<input checked="" type="checkbox"/> TANK TRUCK <input type="checkbox"/> OTHER

⑥ WASTE CATEGORY Oil & Water
⑦ LIST COMPONENTS:
A _____
B _____
C _____
D _____
⑧ EX. HAZ. WASTE PERMIT NO. none
⑨ GENERATING PROCESS Michael Wayne
CONC. RANGE UPPER LOWER UNITS
% PPM E _____
% PPM F _____
% PPM G _____
NONHAZARDOUS MATERIAL _____ %
⑩ WASTE PROPERTIES: PH 8 ☐ TOXIC ☐ FLAMMABLE ☐ CORROSIVE/IRRITANT ☐ REACTIVE ☐ SENSITIZER ☐ CARCINOGEN/MUTAGEN
⑪ PHYSICAL STATE ☐ SOLID ☒ LIQUID ☐ SLUDGE ☐ SLURRY ☐ GAS ☐ OTHER
⑫ SPECIAL HANDLING INSTRUCTIONS: ☒ GLOVES ☐ GOGGLES ☐ RESPIRATOR ☐ OTHER

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL
RESPONSE CENTER, U. S. COAST GUARD 1-800-424-8802.

⑬ Michael Wayne 11-3-81
SIGNATURE OF AUTHORIZED AGENT & TITLE DATE SHIPPED

TRANSPORTER (HAULER MUST COMPLETE)

⑭ NAME LIQUID WASTE MANAGEMENT
EPA NO. CAD0000072843
ADDRESS P.O. BOX 1082
CITY, STATE, ZIP CODE SUN VALLEY, CALIFORNIA 91352
PHONE NO. (213) 767-4424

JOB NO. 0691
UNIT NO. 7
⑮ PICK-UP DATE 11/3/81
TIME 8:15 ☒ AM ☐ PM

⑯ Michael Wayne
SIGNATURE OF AUTHORIZED AGENT & TITLE

TSD FACILITY (OPERATOR MUST COMPLETE)

⑰ NAME PKK
EPA NO. 000000025334
⑱ QUANTITY (IF MEASURED) 1399
⑲ STATE FEE (IF ANY) \$ 13.99
⑳ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT
㉑ IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY

⑳ HANDLING OR DISPOSAL METHOD:
☐ SURFACE IMPOUNDMENT ☐ LANDFILL
☐ INJECTION WELL ☐ LAND TREATMENT
☐ TREATMENT (SPECIFY)
☐ RECOVERY OR REUSE ☐ STORAGE/TRANSFER

NAME _____
EPA NO. _____
REVISD 11/80
⑲ Michael Wayne 11/3/81
SIGNATURE OF AUTHORIZED AGENT & TITLE DATE ACCEPTED

SEE REVERSE SIDES FOR
INSTRUCTIONS. PLEASE TYPE
OR PRINT CLEARLY.

PRESS HARD

CALIFORNIA HAZARDOUS WASTE MANIFEST
STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P STREET, SACRAMENTO, CA 95814

363 - 01554

0977

GENERATOR (GENERATOR MUST COMPLETE)

DESIGNATED TSD FACILITY

ALTERNATE TSD FACILITY

NAME BENDIX CORP.

(AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)

EPA NO. 02D008325

NAME BKH

NAME

ADDRESS 11600 SHERMAN WAY

EPA NO. CADA0072843

EPA NO.

CITY, STATE ZIP CODE NO. HOLLYWOOD, CA

ADDRESS 2210 AZUSA AVE

ADDRESS

PHONE NO. 765-1010 x333

CITY, STATE ZIP CODE W. COVINA CAL

CITY, STATE ZIP CODE

ORDER PLACED BY W.D. SPECK

PHONE NO. 565-0716

PHONE NO.

CONTRACT NO. 0178-158891

U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS	NUMBER
Oil & Water	none	3	2500	gals	DRUMS	
					TANK TRUCK	
					BAGS	
					CARTONS	
					DUMP TRUCK	
					OTHER	

WASTE CATEGORY Oil & Water

EX. HAZ. WASTE PERMIT NO. none

GENERATING PROCESS Machine Oil

LIST COMPONENTS

WASTE PROPERTIES PH 8

PHYSICAL STATE SOLID LIQUID

SPECIAL HANDLING INSTRUCTIONS

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST & GEOD. SURV. 1-800-424-8802.

SIGNATURE OF AUTHORIZED AGENT & TITLE W.D. Speck Supervisor

DATE SHIPPED 11-25-8

TRANSPORTER (HAULER MUST COMPLETE)

NAME LIQUID WASTE MANAGEMENT

JOB NO. 771

PICK-UP DATE 11/25/81

EPA NO. CADA0000072843

UNIT NO. 3

TIME 7:00 AM

ADDRESS P.O. BOX 1092

CITY, STATE ZIP CODE SUN VALLEY, CALIFORNIA 91352

PHONE NO. (213) 767-4424

SIGNATURE OF AUTHORIZED AGENT & TITLE D. Keller

TSD FACILITY (OPERATOR MUST COMPLETE)

NAME BKIC

QUANTITY (IF MEASURED) 1565

HANDLING OR DISPOSAL METHOD

EPA NO. CADA0072843

STATE FEE (IF ANY) \$ 15.65

SURFACE IMPOUNDMENT

INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT

LANDFILL

IF WASTE IS HELD FOR DELIVERY ELSEWHERE

DESIGNATED TSD FACILITY

INJECTION WELL

NAME

TREATMENT (SPECIFY)

EPA NO.

RECOVERY OR REUSE

REVISOR 11/80

SIGNATURE OF AUTHORIZED AGENT & TITLE

DATE ACCEPTED 11-30-81

CALIFORNIA HAZARDOUS WASTE MANIFEST
STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P STREET, SACRAMENTO, CA 95814

363

0874

PRESS HARD

GENERATOR (GENERATOR MUST COMPLETE)

DESIGNATED TSD FACILITY

ALTERNATE TSD FACILITY

NAME: SHAW CORP.
EPA NO. 0000000000000000
ADDRESS: 11600 SHERMAN WAY
CITY, STATE, ZIP CODE: NO HOLLYWOOD, CA. 91605
PHONE NO.: (213) 765-1010 8333
ORDER PLACED BY: W. J. SPECK ORDER DATE: 12-14
P.O. NO.: 0000-15891
CONTRACT NO.:

(AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)
NAME: W. J. SPECK
EPA NO. 0000000000000000
ADDRESS: 2210 AZUSA AVE
CITY, STATE, ZIP CODE: W. COVINA, CA. 91724
PHONE NO.: 565-0775

NAME: _____
EPA NO. _____
ADDRESS: _____
CITY, STATE, ZIP CODE: _____
PHONE NO.: _____

U. S. DOT PROPER SHIPPING NAME	U. S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS	NUMBER
WASTE <u>Pik & Water</u>	<u>none</u>		<u>3,500</u>	<u>gal</u>	DRUMS	
WASTE					TANK TRUCK	
					BAGS	
					CARTONS	
					DUMP TRUCK	
					OTHER	

WASTE CATEGORY: Pik & Water
LIST COMPONENTS: _____
EX. HAZ. WASTE PERMIT NO.: none
GENERATING PROCESS: Machine Work
WASTE PROPERTIES: PH 8 TOXIC ☐ FLAMMABLE ☐ CORROSIVE/IRRITANT ☐ REACTIVE ☐ SENSITIZER ☐ CARCINOGEN/MUTAGEN ☐
PHYSICAL STATE: SOLID ☐ LIQUID ☒ SLUDGE ☐ SLURRY ☐ GAS ☐ OTHER ☐
SPECIAL HANDLING INSTRUCTIONS: ☒ GLOVES ☐ GOGGLES ☐ RESPIRATOR ☐ OTHER _____

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL RESPONSE CENTER, U. S. COAST GUARD 1-800-424-8802.

SIGNATURE OF AUTHORIZED AGENT & TITLE: W. J. Speck, Environmental Health Officer

DATE SHIPPED: 12-15-87

TRANSPORTER (HAULER MUST COMPLETE)

NAME: LIQUID WASTE MANAGEMENT
EPA NO. CAD0000072843
ADDRESS: P.O. BOX 1082
CITY, STATE, ZIP CODE: SUN VALLEY, CALIFORNIA 91352
PHONE NO.: (213) 767-4424

JOB NO. 0874
UNIT NO. 4

PICK-UP DATE: 12/15/87
TIME: 7:15 AM ☒ PM ☐

SIGNATURE OF AUTHORIZED AGENT & TITLE: W. J. Speck, Environmental Health Officer

TSD FACILITY (OPERATOR MUST COMPLETE)

NAME: _____
EPA NO. 0000000000000000
INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT: _____
IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY: _____
NAME: _____
EPA NO. 0000000000000000
REVISED 11/80

QUANTITY (IF MEASURED): 1200
STATE FEE (IF ANY): \$ 72.00

HANDLING OR DISPOSAL METHOD:
☐ SURFACE IMPOUNDMENT ☐ LANDFILL
☐ INJECTION WELL ☐ LAND TREATMENT
☐ TREATMENT (SPECIFY) ☐ STORAGE/TRANSFER
☐ RECOVERY OR REUSE
DATE ACCEPTED: 12-15-87

SIGNATURE OF AUTHORIZED AGENT & TITLE: W. J. Speck, Environmental Health Officer

SEE REVERSE SIDES FOR
INSTRUCTIONS. PLEASE TYPE
OR PRINT CLEARLY.

CALIFORNIA HAZARDOUS WASTE MANIFEST

STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P STREET, SACRAMENTO, CA 95814

363 - 00504

7887

PRESS HARD

GENERATOR (GENERATOR MUST COMPLETE)

NAME **BENDIX CORP**
PA NO **540008325924**
ADDRESS **11600 SHERMAN WAY**
CITY STATE **W. HOLLYWOOD, CALIF 91605**
PHONE NO **765-7010**
ORDER PLACED BY **W.J. SPECK**
DATE **1/17/81**
CONTACT NO **8063-152965**

DESIGNATED TSD FACILITY

(AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)
NAME **BKIT LANDFILL**
EPA NO **CA0067786749**
ADDRESS **2210 AZUSA AVE**
CITY STATE **W. COVINA, CALIF**
ZIP CODE **91724**
PHONE NO **965-0916**

ALTERNATE TSD FACILITY

NAME **CASMANA DISP**
EPA NO **CA0020740421**
ADDRESS **NTV ROAD**
CITY STATE **CASMANA 9390**
ZIP CODE **9390**
PHONE NO **805 977 8449**

U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS	NUMBER
CHROMIC ACID			5000gals		<input checked="" type="checkbox"/> DRUMS <input type="checkbox"/> TANK TRUCK	<input type="checkbox"/> BAGS <input type="checkbox"/> CARTONS <input type="checkbox"/> DUMP TRUCK <input type="checkbox"/> OTHER

WASTE CATEGORY	HAZ. WASTE PERMIT NO.	GENERATING PROCESS
CHROMIC ACID		
WASTE PROPERTIES	PH 10	<input checked="" type="checkbox"/> CORROSIVE/IRRITANT <input type="checkbox"/> REACTIVE <input type="checkbox"/> SENSITIZER <input type="checkbox"/> CARCINOGEN/MUTAGEN
PHYSICAL STATE	<input type="checkbox"/> SOLID <input checked="" type="checkbox"/> LIQUID	<input type="checkbox"/> GAS <input type="checkbox"/> OTHER
SPECIAL HANDLING INSTRUCTIONS	<input type="checkbox"/> RESPIRATOR <input type="checkbox"/> OTHER	

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL
RESPONSE CENTER, U. S. COAST GUARD 1-800-424-8802.

W.J. SPECK **SUPERVISOR TRADES** **1-78**
SIGNATURE OF AUTHORIZED AGENT & TITLE
DATE SHIPPED

TRANSPORTER (HAULER MUST COMPLETE)

NAME **LIQUID WASTE MANAGEMENT**
PA NO **CAD0000072843**
ADDRESS **P.O. BOX 1082**
CITY STATE **SUN VALLEY, CALIFORNIA 91352**
ZIP CODE **91352**
PHONE NO **(213) 767-4424**

JOB NO
UNIT NO

PICK-UP DATE **1/17/81**
TIME **6** ☒ AM ☐ PM

TSD FACILITY (OPERATOR MUST COMPLETE)

NAME **BKIT**
PA NO **CA0067786749**
INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT
IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY
NAME
PA NO
RECEIVED 11/80

QUANTITY (IF MEASURED) **1929**
STATE FEE (IF ANY) \$ **1929**

HANDLING OR DISPOSAL METHOD
☐ SURFACE IMPOUNDMENT
☐ INJECTION WELL
☐ TREATMENT (SPECIFY)
☐ RECOVERY OR REUSE
☒ LANDFILL
☐ LAND TREATMENT
☐ STORAGE/TRANSFER
DATE ACCEPTED **1/17/81**

SEE REVERSE SIDES FOR
INSTRUCTIONS. PLEASE TYPE
IN PRINT CLEARLY.

CALIFORNIA HAZARDOUS WASTE MANIFEST

STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P STREET, SACRAMENTO, CA 95814

363 - 00308

7931

PRESS HARD

GENERATOR (GENERATOR MUST COMPLETE)

DESIGNATED TSD FACILITY

ALTERNATE TSD FACILITY

NAME BENDIX CORP
EPA NO. AD0008325374
ADDRESS 11600 SHERMAN WAY
N. HOLLYWOOD, CALIF 91605
PHONE NO. 714-540-1010
ORDER PLACED BY W.J. SPECK ORDER DATE 1-28-81
CONTRACT NO. _____

NAME BITT LANDFILL
EPA NO. CA00002788749
ADDRESS 9210 AZUSA AVE
W. COVINA, CALIF 91709
PHONE NO. 945-0916

NAME CASHMIRA DISP
EPA NO. CA000020748121
ADDRESS MTV ROAD
CASHMIRA, CALIF 92342
PHONE NO. 805-977-8449

U. S. DOT PROPER SHIPPING NAME	U. S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS: NUMBER
WASTE <u>CHROMIC ACID</u>			<u>5,000</u>		DRUMS <input type="checkbox"/> BAGS <input type="checkbox"/> CARTONS <input type="checkbox"/> DUMP TRUCK <input type="checkbox"/>
WASTE					TANK TRUCK <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>

WASTE CATEGORY WASTE WELD EX. HAZ. WASTE PERMIT NO. _____ GENERATING PROCESS PLATING
LIST COMPONENTS: CHROMIC ACID CONC. RANGE UPPER LOWER UNITS
A CHROMIC ACID ☐ PPM
B WATER ☐ PPM
C ☐ PPM
D ☐ PPM
WASTE PROPERTIES: PH 3.9 ☒ TOXIC ☐ FLAMMABLE ☐ CORROSIVE/IRRITANT ☐ REACTIVE ☐ SENSITIZER ☐ CARCINOGEN/MUTAGEN
PHYSICAL STATE: ☐ SOLID ☒ LIQUID ☐ SLUDGE ☐ SLURRY ☐ GAS ☐ OTHER
SPECIAL HANDLING INSTRUCTIONS: ☐ GLOVES ☐ GOGGLES ☐ RESPIRATOR ☐ OTHER

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL: CONTACT THE NATIONAL
RESPONSE CENTER, U. S. COAST GUARD 1-800-424-8802.

W.J. SPECK SUPERVISOR SHIPPED
SIGNATURE OF AUTHORIZED AGENT & TITLE DATE SHIPPED 1-28-81

TRANSPORTER (HAULER MUST COMPLETE)

NAME LIQUID WASTE MANAGEMENT
EPA NO. CA00000072843
ADDRESS P.O. BOX 1082
SUN VALLEY, CALIFORNIA 91352
PHONE NO. (213) 767-4424

JOB NO. 1
UNIT NO. 2

PICK-UP DATE 1-28-81
TIME 8:00 AM ☒ PM ☐

Dan R
SIGNATURE OF AUTHORIZED AGENT & TITLE

TSD FACILITY (OPERATOR MUST COMPLETE)

NAME BITT QUANTITY (IF MEASURED) 1727
EPA NO. CA00002788749 STATE FEE (IF ANY) \$ 1727
INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT
IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY
NAME _____
EPA NO. _____

HANDLING OR DISPOSAL METHOD:
☐ SURFACE IMPOUNDMENT ☐ LANDFILL
☐ INJECTION WELL ☐ LAND TREATMENT
☐ TREATMENT (SPECIFY) _____
☐ RECOVERY OR REUSE ☐ STORAGE/TRANSFER

SIGNATURE OF AUTHORIZED AGENT & TITLE DATE ACCEPTED 1-28-81

SEE REVERSE SIDES FOR
INSTRUCTIONS. PLEASE TYPE
OR PRINT CLEARLY.

CALIFORNIA HAZARDOUS WASTE MANIFEST
STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P STREET, SACRAMENTO, CA 95814

363 - 00511
8003

for BRK
fr 3/26/81

PRESS HARD

GENERATOR (GENERATOR MUST COMPLETE)

NAME RENDIX CORP
PA NO. 14006715374
ADDRESS 11000 SHERMAN WAY
N. HOLLWOOD CAL. 91605
PHONE NO. 765-1010
ORDER PLACED BY W. J. SPECK ORDER DATE 2-25
CONTRACT NO. 5012-15374

DESIGNATED TSD FACILITY

(AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)
NAME BRK
EPA NO. 14006715374
ADDRESS 2210 Elgin Ave
CITY, STATE, ZIP CODE 2nd Carlsbad Cal
PHONE NO. 965-0911

ALTERNATE TSD FACILITY

NAME CASMIN DISP
EPA NO. 140020148423
ADDRESS 141V Rd
CITY, STATE, ZIP CODE CASMIN CAL
PHONE NO. 805 937-8447

U. S. DOT PROPER SHIPPING NAME	U. S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS: NUMBER
WASTE <u>CHROMIC ACID</u>			<u>3.500g</u>		<input checked="" type="checkbox"/> DRUMS <input type="checkbox"/> BAGS <input type="checkbox"/> CARTONS <input type="checkbox"/> DUMP TRUCK
WASTE					<input checked="" type="checkbox"/> TANK TRUCK <input type="checkbox"/> OTHER

WASTE CATEGORY _____

EX. HAZ. WASTE PERMIT NO. _____

GENERATING PROCESS PLATING

LIST COMPONENTS:

	CONC. RANGE	UNITS		CONC. RANGE	UNITS
	UPPER	LOWER		UPPER	LOWER
A <u>CHROMIC ACID</u>			<u>517</u> PPM		
B <u>WATER</u>					
C					
D					

WASTE PROPERTIES: PH 2.9 ☒ TOXIC ☐ FLAMMABLE ☐ CORROSIVE/IRRITANT ☐ REACTIVE ☐ SENSITIZER ☐ CARCINOGEN/MUTAGEN

PHYSICAL STATE: ☐ SOLID ☒ LIQUID ☐ SLUDGE ☐ SLURRY ☐ GAS ☐ OTHER

SPECIAL HANDLING INSTRUCTIONS: ☒ GLOVES ☒ GOGGLES ☐ RESPIRATOR ☐ OTHER

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL
RESPONSE CENTER, U. S. COAST GUARD 1-800-424-8802.

W. J. SPECK SUPERVISOR TRADES 2-16-81
SIGNATURE OF AUTHORIZED AGENT & TITLE DATE SHIPPED

TRANSPORTER (HAULER MUST COMPLETE)

NAME LIQUID WASTE MANAGEMENT
PA NO. CAD000072843
ADDRESS P.O. BOX 1082
CITY, STATE, ZIP CODE SUN VALLEY, CALIFORNIA 91352
PHONE NO. (213) 767-4424

JOB NO. 5
UNIT NO. 3
PICKUP DATE 2/16/81 TIME AM ☒ PM
SIGNATURE OF AUTHORIZED AGENT & TITLE

TSD FACILITY (OPERATOR MUST COMPLETE)

NAME _____
PA NO. _____
INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT: _____
IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY: _____
NAME _____
PA NO. _____
QUANTITY (IF MEASURED) _____
STATE FEE (IF ANY) \$ _____
HANDLING OR DISPOSAL METHOD:
☐ SURFACE IMPOUNDMENT ☐ LANDFILL
☐ INJECTION WELL ☐ LAND TREATMENT
☐ TREATMENT (SPECIFY) _____
☐ RECOVERY OR REUSE ☐ STORAGE/TRANSFER
SIGNATURE OF AUTHORIZED AGENT & TITLE _____
DATE ACCEPTED _____

See reverse side for instructions.

Please type or print clearly. Press Hard.

P.O. # 8063-153975

GENERATOR

(GENERATOR MUST COMPLETE)

State Department of Health Services
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P Street, Sacramento, CA 95814

1 Manifest
Number

147 000071

5640

2 Name **BREXID CORPORATION**

EPA # **CAD008325334**

Address **11600 Sherman Way** Phone **(213) 765-1010**

City, State, Zip **North Hollywood**

3 Designated TSD Facility (Authorized to operate under an approved state program or federal program.)

Name **CASMAIA DISPOSAL**

EPA # **CAD020748125**

Address **Casmalia** Phone

City, State, Zip **Casmalia**

4 Alternate TSD Facility

Name

EPA #

Address

City, State, Zip

5 U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA ID NO.	WEIGHT OR VOLUME	UNITS	NUMBER OF CONTAINERS
WASTE See attached lists			5 gal	6	
WASTE					TYPE: <input checked="" type="checkbox"/> DRUMS <input type="checkbox"/> BAGS <input type="checkbox"/> CARTONS <input type="checkbox"/> TANK TRUCK <input type="checkbox"/> DUMP TRUCK <input type="checkbox"/> OTHER

6 Waste Category **49**

7 Ext. Haz. Waste Permit No.

8 Generating Process

Painting

LIST COMPONENTS:

CONCENTRATION RANGE
UPPER LOWER

LIST COMPONENTS:

CONCENTRATION RANGE
UPPER LOWER

UNITS

9 A. ☐ % ☐ ppm.
B. ☐ % ☐ ppm.
C. ☐ % ☐ ppm.
D. ☐ % ☐ ppm.

Non-Hazardous Material **17** %

10 WASTE PROPERTIES: pH ☐ Toxic ☒ Flammable ☐ Corrosive ☐ Oxidizing ☐ Sensitizer ☐ Carcinogen/Mutagen

11 PHYSICAL STATE: ☐ Solid ☒ Liquid ☒ Sludge ☐ Slurry ☐ Gas ☐ Other

12 SPECIAL HANDLING INSTRUCTIONS: ☒ Gloves ☒ Goggles ☐ Respirator

GENERATOR CERTIFICATION: This is to certify that the above-named materials are properly classified, described, packaged, marked, labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and EPA.

IN THE EVENT OF A SPILL, CONTACT THE NATIONAL
RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802

TRANSPORTER

(HAULER MUST COMPLETE)

14 TRANSPORTER NAME **Containerized Chemical Disposal Inc.**

ADDRESS **P.O. Box 1142**

PHONE **(213) 445-5344**

CITY, STATE, ZIP **Monrovia, CA 91016**

TSD FACILITY

(FACILITY OPERATOR MUST COMPLETE)

M/WH **147-000069**

49458

17 NAME **Casmalia Disposal**

EPA NO. **CAD020748125**

PHONE NO. **805-937-8449**

18 QUANTITY (If Measured)

19 STATE FEE (If Any)

20 INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT:

IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY:

Designated TSD Facility Name

23

Signature of Authorized Agent and Title

Betty Sunderhaus

EPA NO.

3/4/81

Date Accepted

Copy 1-WHITE: TSD Facility Keeps

Copy 2-YELLOW: To transporter from TSD Facility
Copy 5-GREEN: TSD Facility Sends to DOHS

Copy 3-PINK: To Generator from TSD Facility
Copy 6-BLUE: Generator Sends to DOHS

Copy 4-GOLDENROD: Generator Keeps

SEE REVERSE SIDES FOR
INSTRUCTIONS. PLEASE TYPE
OR PRINT CLEARLY.

PRESS HARD

CALIFORNIA HAZARDOUS WASTE MANIFEST

STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P STREET, SACRAMENTO, CA 95814

363 - 00604

8252

GENERATOR (GENERATOR MUST COMPLETE)

① NAME BENDIX CORP
EPA NO. CAD0008325000
ADDRESS 11600 SHERWOOD WAY
CITY, STATE, ZIP CODE N. HOLLYWOOD, CALIF
PHONE NO. 765-1010
ORDER PLACED BY W.D. SPECK ORDER DATE 2-20
CONTRACT NO. 8063-154609

② DESIGNATED TSD FACILITY

(AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)
NAME BKK LANDFILL
EPA NO. CAD067786749
ADDRESS 2310 AZUSA AVE
CITY, STATE, ZIP CODE W. COVINA, CALIF
PHONE NO. 965-0916

③ ALTERNATE TSD FACILITY

NAME CASMALIA DIST
EPA NO. CAD030748121
ADDRESS MTV ROAD
CITY, STATE, ZIP CODE CASMALIA, CALIF
PHONE NO. 805-977-8449

U. S. DOT PROPER SHIPPING NAME	U. S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS	NUMBER
WASTE <u>CHROMIC ACID SOLUTION CORROSIVE</u>	<u>175</u>	<u>1759L</u>			<input checked="" type="checkbox"/> DRUMS <input checked="" type="checkbox"/> TANK TRUCK	<input type="checkbox"/> BAGS <input type="checkbox"/> CARTONS <input type="checkbox"/> DUMP TRUCK <input type="checkbox"/> OTHER

④ WASTE CATEGORY 2
⑤ HAZ WASTE PERMIT NO. _____
⑥ GENERATING PROCESS PLATING
⑦ WASTE PROPERTIES: PH 1.5 ☒ FLAMMABLE ☒ CORROSIVE/IRRITANT ☐ REACTIVE ☐ SENSITIZER ☐ CARCINOGEN/MUTAGEN
⑧ PHYSICAL STATE ☐ SOLID ☒ LIQUID ☐ GASEOUS ☐ SLURRY ☐ GAS ☐ OTHER
⑨ SPECIAL HANDLING INSTRUCTIONS: ☒ GLOVES ☒ GOGGLES ☐ RESPIRATOR ☐ OTHER
NONHAZARDOUS MATERIAL WATER 90%

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL
RESPONSE CENTER, U. S. COAST GUARD 1-800-424-8802.

⑩ W.D. Speck SUPERVISOR
SIGNATURE OF AUTHORIZED AGENT & TITLE

2-24-87
DATE SHIPPED

TRANSPORTER (HAULER MUST COMPLETE)

⑪ NAME LIQUID WASTE MANAGEMENT
EPA NO. CAD00000072843
ADDRESS P.O. BOX 1082
CITY, STATE, ZIP CODE SUN VALLEY, CALIFORNIA 91352
PHONE NO. (213) 767-4424

JOB NO. 1
UNIT NO. 9

⑫ PICK-UP DATE 2/24/87
TIME 10:11 ☒ AM ☐ PM

⑬ [Signature]
SIGNATURE OF AUTHORIZED AGENT & TITLE

TSD FACILITY (OPERATOR MUST COMPLETE)

⑭ NAME BKK
EPA NO. CAD067786749
⑮ QUANTITY (IF MEASURED) SEE 605
⑯ STATE FEE (IF ANY) \$ _____
⑰ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT _____
⑱ IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY _____

HANDLING OR DISPOSAL METHOD:
☐ SURFACE IMPOUNDMENT ☒ LANDFILL
☐ INJECTION WELL ☐ LAND TREATMENT
☐ TREATMENT (SPECIFY) _____
☐ RECOVERY OR REUSE ☐ STORAGE/TRANSFER

NAME _____
EPA NO. _____
⑲ [Signature]
SIGNATURE OF AUTHORIZED AGENT & TITLE

2/24/87
DATE ACCEPTED

PRESS HARD

GENERATOR (GENERATOR MUST COMPLETE)

(2) NAME RENDIX CORP
 CPA NO. 4-11008225334
 ADDRESS 1000 WILSON BLVD
 CITY, STATE WILMINGTON, DE
 ZIP CODE 19105
 PHONE NO 406-1010
 ORDER PLACED BY WILLIE SPECER ORDER DATE 4-7-88
 CONTRACT NO. 406-1010

③ DESIGNATED TSD FACILITY

(AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)

NAME ENVIRONMENTAL PRO
EPA NO. CHT080010283
ADDRESS 3040 19th ST.
CITY, STATE, BAKERS FIELD CA
ZIP CODE 93311
PHONE NO. 805-768-4806

④ ALTERNATE TSD FACILITY

PROVED STATE OR FEDERAL PROGRAM)

NAME ERTH LANDFILL

EPA NO. CA0067286759

ADDRESS 2210 W. 43056 AVE

CITY, STATE, W. COVINA, CALIF

ZIP CODE 91705

PHONE NO. 765-0716

⑨ U. S. DOT PROPER SHIPPING NAME	U. S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS: NUMBER			
WASTE <i>MURATIC ACID</i>	<i>Corrosive</i>	<i>1789</i>	<i>1059 gal.</i>		<input checked="" type="checkbox"/> DRUMS	<input type="checkbox"/> BAGS	<input type="checkbox"/> CARTONS	<input type="checkbox"/> DUMP TRUCK
WASTE				<i>3</i>	<input type="checkbox"/> TANK TRUCK	<input type="checkbox"/> OTHER		

⑤ WASTE CATEGORY <u>2</u>		⑦ EX. HAZ. WASTE PERMIT NO. _____		⑧ GENERATING PROCESS <u>PLATING</u>	
⑥ LIST COMPONENTS:		CONC. RANGE		CONC. RANGE	
		UPPER LOWER		UPPER LOWER	
A	<u>MURATIC ACID</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	E	_____
B	<u>WATER</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	F	_____
C		<input type="checkbox"/>	<input type="checkbox"/>	G	_____
D		<input type="checkbox"/>	<input type="checkbox"/>	NONHAZARDOUS MATERIAL <u>98</u> %	
⑨ WASTE PROPERTIES:		PH <u>1</u> <input type="checkbox"/> TOXIC <input type="checkbox"/> FLAMMABLE <input checked="" type="checkbox"/> CORROSIVE/IRRITANT <input type="checkbox"/> REACTIVE <input type="checkbox"/> SENSITIZER <input type="checkbox"/> CARCINOGEN/MUTAGEN <input type="checkbox"/>			
⑩ PHYSICAL STATE:		<input type="checkbox"/> SOLID <input checked="" type="checkbox"/> LIQUID <input type="checkbox"/> SLUDGE <input type="checkbox"/> SLURRY <input type="checkbox"/> GAS <input checked="" type="checkbox"/> OTHER <u>SEE ANALYST</u>			
⑪ SPECIAL HANDLING INSTRUCTIONS:		<input checked="" type="checkbox"/> GLOVES <input checked="" type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> OTHER _____			

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL
RESPONSE CENTER, U. S. COAST GUARD 1-800-424-8802.

③ W. Fred Suberina Special Agent 4-28-8
SIGNATURE OF AUTHORIZED AGENT & TITLE DATE SHIPPED

TRANSPORTER (HAULER MUST COMPLETE)

12 NAME **LIQUID WASTE MANAGEMENT**
 :PA NO.

C	A	D	0	0	0	0	7	2	8	4	3
---	---	---	---	---	---	---	---	---	---	---	---

 ADDRESS **P.O. BOX 1082**
 CITY STATE ZIP CODE **SUN VALLEY, CALIFORNIA 91352**
 PHONE NO. **(213) 767-4424**

JOB NO. 8217
UNIT NO. 9

⑮ PICK-UP DATE 4/28/81
TIME 10:50 ☒ AM ☐ PM

(16) _____
SIGNATURE OF AUTHORIZED AGENT & TITLE

TSD FACILITY (OPERATOR MUST COMPLETE)

① NAME Waste Management Inc.
PA NO

0	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

② QUANTITY (IF MEASURED) 75 gal
③ STATE FEE (IF ANY) \$
④ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT
⑤ IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY:

① HANDLING OR DISPOSAL METHOD:

<input type="checkbox"/>	SURFACE IMPOUNDMENT	<input type="checkbox"/>	LANDFILL
<input type="checkbox"/>	INJECTION WELL	<input checked="" type="checkbox"/>	LAND TREATMENT
<input type="checkbox"/>	TREATMENT (SPECIFY)		
<input type="checkbox"/>	RECOVERY OR REUSE	<input type="checkbox"/>	STORAGE/TRANSFER

[illegible]

(2) R. S. Gentry, etc.
SIGNATURE OF AUTHORIZED AGENT & TITLE

11-10-68
DATE ACCEPTED

STATE OF CALIFORNIA HAZARDOUS WASTE MANIFEST
STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
1449 STREET, SACRAMENTO, CA 95814

GENERATOR (GENERATOR MUST COMPLETE)
NAME: BOLDIX CORP
EPA NO: CAD0008325336
ADDRESS: 11600 SHERMAN WAY
CITY, STATE, ZIP CODE: N. HOLLYWOOD, CAL 91605
PLACED BY: W. J. SPECK
ACT NO: 5063-155837

DESIGNATED TSD FACILITY
NAME: BKK
EPA NO: CAD0067736749
ADDRESS: 2910 AZUSA AVE
CITY, STATE, ZIP CODE: W. CORONA CA 92609
PHONE NO: 765-0916

ALTERNATE TSD FACILITY
NAME: CASMAH DISP
EPA NO: CA0020748121
ADDRESS: NTU ROAD
CITY, STATE, ZIP CODE: CASIMIR CA 93429
PHONE NO: 505-972-3449

U. S. DOT PROPER SHIPPING NAME	U. S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS: NUMBER
STE <u>NITRIC ACID</u>	<u>CORROSIVE</u>	<u>1755</u>	<u>85</u>	<u>gals</u>	
STE					

<input checked="" type="checkbox"/> DRUMS	<input type="checkbox"/> BAGS	<input type="checkbox"/> CARTONS	<input type="checkbox"/> DUMP TRUCK
<input checked="" type="checkbox"/> TANK TRUCK	<input type="checkbox"/> OTHER		

HAZARD CATEGORY: 2

EX HAZ. WASTE PERMIT NO. _____

GENERATING PROCESS: PLATING

LIST COMPONENTS:

	CONC. RANGE UPPER	LOWER	UNITS			CONC. RANGE UPPER	LOWER	UNITS		
<u>NITRIC ACID</u>	<u>20%</u>	<u>15%</u>	<input checked="" type="checkbox"/>	PPM	E			<input type="checkbox"/>	%	PPM
<u>WATER</u>	<u>80%</u>		<input type="checkbox"/>	PPM	F			<input type="checkbox"/>	%	PPM
			<input type="checkbox"/>	PPM	G			<input type="checkbox"/>	%	PPM
			<input type="checkbox"/>	PPM				<input type="checkbox"/>	%	PPM

NONHAZARDOUS MATERIAL: 50%

WASTE PROPERTIES: PH: 1.5 ☐ TOXIC ☐ FLAMMABLE ☒ CORROSIVE/IRRITANT ☐ REACTIVE ☐ SENSITIZER ☐ CARCINOGEN/MUTAGEN

PHYSICAL STATE: ☐ SOLID ☒ LIQUID ☐ SLUDGE ☐ SLURRY ☐ GAS ☐ OTHER

SPECIAL HANDLING INSTRUCTIONS: ☒ GLOVES ☒ GOGGLES ☐ RESPIRATOR ☐ OTHER

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL RESPONSE CENTER, U. S. COAST GUARD 1-800-424-8802.

SIGNATURE OF AUTHORIZED AGENT & TITLE: PLANT MGR
DATE SHIPPED: 4-13-81

TRANSPORTER (HAULER MUST COMPLETE)

NAME: LIQUID WASTE MANAGEMENT
EPA NO: CAD0000072843
ADDRESS: P.O. BOX 1082
CITY, STATE, ZIP CODE: SUN VALLEY, CALIFORNIA 91352
PHONE NO: (213) 787-4424

JOB NO: 7134
UNIT NO: 1

PICK-UP DATE: 4/12/81
TIME: ☐ AM ☐ PM

SIGNATURE OF AUTHORIZED AGENT & TITLE: _____

TSD FACILITY (OPERATOR MUST COMPLETE)

NAME: CASMAH Reduction
EPA NO: CAD00000775700

QUANTITY (IF MEASURED): _____
STATE FEE (IF ANY): \$ _____

HANDLING OR DISPOSAL METHOD:

<input type="checkbox"/> SURFACE IMPOUNDMENT	<input type="checkbox"/> LANDFILL
<input type="checkbox"/> INJECTION WELL	<input type="checkbox"/> LAND TREATMENT
<input checked="" type="checkbox"/> TREATMENT (SPECIFY: <u>Neutralize</u>)	
<input type="checkbox"/> RECOVERY OR REUSE	<input checked="" type="checkbox"/> STORAGE/TRANSFER

IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY: TXK
EPA NO: CAD00000775700

DATE: 4-13-81

SEE REVERSE SIDES FOR
INSTRUCTIONS. PLEASE TYPE
OR PRINT CLEARLY.

CALIFORNIA HAZARDOUS WASTE MANIFEST
STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P STREET, SACRAMENTO, CA 95814

363 - 00768

8450

PRESS HARD

GENERATOR (GENERATOR MUST COMPLETE)

DESIGNATED TSD FACILITY

ALTERNATE TSD FACILITY

NAME BENDIX CORP
EPA NO. CA00003225334
ADDRESS 11600 SHERMAN WAY
CITY, STATE, ZIP CODE W. HOLLYWOOD, CAL 91605
PHONE NO. 765-1010
ORDER PLACED BY W.T. SPECK
P.O. CONTRACT NO. 8063-154194

NAME RRH LAND FILL
EPA NO. CA00007786749
ADDRESS 3310 AZUSA AVE
CITY, STATE, ZIP CODE W. COVINA CAL
PHONE NO. 965-0916

NAME CASIMIRIA DISP
EPA NO. CA0000748121
ADDRESS MTV ROAD
CITY, STATE, ZIP CODE CASIMIRIA 93422
PHONE NO. 805-777-8449

U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS	NUMBER
WASTE <u>CHROMIC ACID</u>		<u>1755</u>	<u>3100 gals</u>		<input checked="" type="checkbox"/> DRUMS <input checked="" type="checkbox"/> TANK TRUCK	<input type="checkbox"/> BAGS <input type="checkbox"/> CARTONS <input type="checkbox"/> DUMP TRUCK <input type="checkbox"/> OTHER

WASTE CATEGORY 2
HAZ WASTE PERMIT NO. _____
GENERATING PROCESS PLATING
LIST COMPONENTS
A CHROMIC ACID
B WATER
C _____
D _____
WASTE PROPERTIES: PH 10 ☐ SOLID ☒ LIQUID ☐ FLAMMABLE ☐ CORROSIVE/IRRITANT ☐ REACTIVE ☐ SENSITIZER ☐ CARCINOGEN/MUTAGEN
PHYSICAL STATE: ☐ SOLID ☒ LIQUID ☐ GASEOUS ☐ SLURRY ☐ GAS ☐ OTHER
SPECIAL HANDLING INSTRUCTIONS: ☒ GLOVES ☒ BOOGLES ☐ RESPIRATOR ☐ OTHER
NONHAZARDOUS MATERIAL WATER 99%

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL
RESPONSE CENTER, U. S. COAST GUARD 1-800-424-8802.

SIGNATURE OF AUTHORIZED AGENT & TITLE W. T. Speck, Supervisor
DATE SHIPPED 3-23-81

TRANSPORTER (HAULER MUST COMPLETE)

NAME LIQUID WASTE MANAGEMENT
EPA NO. CA00000072843
ADDRESS P.O. BOX 1082
CITY, STATE, ZIP CODE SUN VALLEY, CALIFORNIA 91352
PHONE NO. (213) 767-4424

JOB NO. 8450
UNIT NO. 9
PICK-UP DATE 3/23/81
TIME 7:00 ☐ AM ☐ PM
SIGNATURE OF AUTHORIZED AGENT & TITLE al [signature]

TSD FACILITY (OPERATOR MUST COMPLETE)

NAME BKK
EPA NO. CA00007786749
QUANTITY (IF MEASURED) 15.75
STATE FEE (IF ANY) \$ 15.75
HANDLING OR DISPOSAL METHOD
☐ SURFACE IMPOUNDMENT ☒ LANDFILL
☐ INJECTION WELL ☐ LAND TREATMENT
☐ TREATMENT (SPECIFY) _____
☐ RECOVERY OR REUSE ☐ STORAGE/TRANSFER
IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY: _____
NAME _____
EPA NO. _____
REVISOR 11/80
SIGNATURE OF AUTHORIZED AGENT & TITLE Up [signature]
DATE ACCEPTED 3-23-81

SEE REVERSE SIDES FOR INSTRUCTIONS. PLEASE TYPE OR PRINT CLEARLY.

CALIFORNIA HAZARDOUS WASTE MANIFEST
STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P STREET, SACRAMENTO, CA 95814

363 -

PRESS HARD

GENERATOR (GENERATOR MUST COMPLETE)

② NAME LEADER CORP
EPA NO. 700000000000000000
ADDRESS 17000 OFFSHORE DRIVE
CITY, STATE, ZIP CODE LA BOLL, CAL 91605
PHONE NO. 714-241-1000
ORDER PLACED BY W. J. P. C. K. ORDER DATE 5-5-81
CONTRACT NO. 1000-1000-889

③ DESIGNATED TSD FACILITY

(AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)
NAME W. J. P. C. K.
EPA NO. 700000000000000000
ADDRESS 17000 OFFSHORE DRIVE
CITY, STATE, ZIP CODE LA BOLL, CAL 91605
PHONE NO. 714-241-1000

④ ALTERNATE TSD FACILITY

NAME _____
EPA NO. _____
ADDRESS _____
CITY, STATE, ZIP CODE _____
PHONE NO. _____

⑤ U. S. DOT PROPER SHIPPING NAME	U. S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS: NUMBER
WASTE <u>CHROMIC ACID</u>		<u>1755</u>	<u>5,000</u>	<u>94L</u>	<input checked="" type="checkbox"/> DRUMS <input type="checkbox"/> BAGS <input type="checkbox"/> CARTONS <input type="checkbox"/> DUMP TRUCK
WASTE					<input type="checkbox"/> TANK TRUCK <input type="checkbox"/> OTHER

⑥ WASTE CATEGORY (2)
⑦ LIST COMPONENTS:
A CHROMIC ACID
B WATER
C _____
D _____
⑧ EX. HAZ. WASTE PERMIT NO. _____
⑨ GENERATING PROCESS PLATING
CONC. RANGE UPPER LOWER UNITS
A _____
B _____
C _____
D _____
⑩ WASTE PROPERTIES: PH 6.5 ☒ TOXIC ☐ FLAMMABLE ☐ CORROSIVE/IRRITANT ☐ REACTIVE ☐ SENSITIZER ☐ CARCINOGEN/MUTAGEN
⑪ PHYSICAL STATE ☐ SOLID ☒ LIQUID ☐ SLUDGE ☐ SLURRY ☐ GAS ☐ OTHER _____
⑫ SPECIAL HANDLING INSTRUCTIONS: ☒ GLOVES ☒ GOGGLES ☐ RESPIRATOR ☐ OTHER _____

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL RESPONSE CENTER, U. S. COAST GUARD 1-800-424-8802.

⑬ W. J. P. C. K. SUPERVISOR
SIGNATURE OF AUTHORIZED AGENT & TITLE
DATE SHIPPED 5-5-81

TRANSPORTER (HAULER MUST COMPLETE)

⑭ NAME LIQUID WASTE MANAGEMENT
EPA NO. CAD0000072843
ADDRESS P.O. BOX 1082
CITY, STATE, ZIP CODE SUN VALLEY, CALIFORNIA 91352
PHONE NO. (213) 767-4424

JOB NO. 1
UNIT NO. 2

⑮ PICK-UP DATE 5-5-81
TIME 7:30 ☒ AM ☐ PM

⑯ W. J. P. C. K.
SIGNATURE OF AUTHORIZED AGENT & TITLE

TSD FACILITY (OPERATOR MUST COMPLETE)

⑰ NAME BKR
EPA NO. 700000000000000000
⑱ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT _____
⑲ IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY:
NAME _____
EPA NO. _____
REVISED 11/80
⑲ QUANTITY (IF MEASURED) 21.71
⑳ STATE FEE (IF ANY) \$ 21.71
㉑ HANDLING OR DISPOSAL METHOD:
☐ SURFACE IMPOUNDMENT ☒ LANDFILL
☐ INJECTION WELL ☐ LAND TREATMENT
☐ TREATMENT (SPECIFY) _____
☐ RECOVERY OR REUSE ☐ STORAGE/TRANSFER
⑳ W. J. P. C. K.
SIGNATURE OF AUTHORIZED AGENT & TITLE
DATE ACCEPTED 5/5/81

SEE REVERSE SIDES FOR TYPE
INSTRUCTIONS. PLEASE
PRINT CLEARLY
DO NOT WRITE
HARD

CALIFORNIA HAZARDOUS WASTE MANIFEST
STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P STREET, SACRAMENTO, CA 95814

363 - 01140

115

GENERATOR (GENERATOR MUST COMPLETE)		DESIGNATED TSD FACILITY		ALTERNATE TSD FACILITY	
② NAME <u>BKK CORP.</u>		(AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)		NAME <u>CASSELLA DRIP</u>	
EPA NO. <u>40000000000000000000</u>		NAME <u>BKK CORP.</u>		EPA NO. <u>40000000000000000000</u>	
ADDRESS <u>1100 HERMAN WAY</u>		EPA NO. <u>40000000000000000000</u>		ADDRESS <u>MTV ROAD</u>	
CITY, STATE, ZIP CODE <u>AMSTOWN WOOD, CA 91605</u>		ADDRESS <u>2210 AZUSA AVE</u>		CITY, STATE, ZIP CODE <u>CASSELLA DRIP, CA 91605</u>	
PHONE NO. <u>765-1040</u>		CITY, STATE, ZIP CODE <u>W. COVINA, CA 91705</u>		PHONE NO. <u>805-977-8449</u>	
ORDER PLACED BY <u>101-101-101</u>		PHONE NO. <u>765-0916</u>		PHONE NO. <u>805-977-8449</u>	
P.O. NO. <u>101-101-101</u>		ORDER DATE <u>5-26</u>			
CONTRACT NO. <u>101-101-101</u>					

③ U.S. DOT PROPER SHIPPING NAME		U.S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS: NUMBER			
WASTE <u>SULFURIC ACID</u>			<u>7832</u>	<u>90</u>	<u>gal</u>	<input checked="" type="checkbox"/> DRUMS	<input type="checkbox"/> BAGS	<input type="checkbox"/> CARTONS	<input type="checkbox"/> DUMP TRUCK
WASTE <u>SULFURIC ACID</u>			<u>1755</u>	<u>410</u>	<u>gal</u>	<input checked="" type="checkbox"/> TANK TRUCK	<input type="checkbox"/> OTHER		
④ WASTE CATEGORY		⑤ EX. HAZ. WASTE PERMIT NO.		⑥ GENERATING PROCESS <u>Plating</u>					
⑦ LIST COMPONENTS:		CONC. RANGE		UNITS		CONC. RANGE		UNITS	
A <u>SULFURIC ACID</u>		UPPER LOWER		10 PPM		UPPER LOWER		PPM	
B <u>CHROMIC ACID</u>				28 PPM				PPM	
C				PPM				PPM	
D				PPM				PPM	
⑧ WASTE PROPERTIES:		PH <u>1-2</u>		<input checked="" type="checkbox"/> TOXIC <input type="checkbox"/> FLAMMABLE <input checked="" type="checkbox"/> CORROSIVE/IRRITANT <input type="checkbox"/> REACTIVE <input type="checkbox"/> SENSITIZER <input type="checkbox"/> CARCINOGEN/MUTAGEN					
⑨ PHYSICAL STATE		<input type="checkbox"/> SOLID <input checked="" type="checkbox"/> LIQUID <input type="checkbox"/> SLUDGE <input type="checkbox"/> SLURRY <input type="checkbox"/> GAS <input type="checkbox"/> OTHER							
⑩ SPECIAL HANDLING INSTRUCTIONS:		<input checked="" type="checkbox"/> GLOVES <input checked="" type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> OTHER							

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL RESPONSE CENTER, U. S. COAST GUARD 1-800-424-8802.

⑪ Michael J. [Signature] SIGNATURE OF AUTHORIZED AGENT & TITLE

⑫ 5-29-91 DATE SHIPPED

TRANSPORTER (HAULER MUST COMPLETE)		JOB NO. <u>3</u>		⑬ PICK-UP DATE <u>5-29-91</u>	
⑭ NAME <u>LIQUID WASTE MANAGEMENT</u>		UNIT NO. <u>2</u>		TIME <u>6:00</u> AM <input type="checkbox"/> PM <input type="checkbox"/>	
EPA NO. <u>CAD00000072843</u>					
ADDRESS <u>P.O. BOX 1082</u>					
CITY, STATE, ZIP CODE <u>SUN VALLEY, CALIFORNIA 91352</u>					
PHONE NO. <u>(213) 767-4424</u>					
		⑮ <u>[Signature]</u> SIGNATURE OF AUTHORIZED AGENT & TITLE			

TSD FACILITY (OPERATOR MUST COMPLETE)		⑯ QUANTITY (IF MEASURED) <u>410</u>		⑰ HANDLING OR DISPOSAL METHOD:	
① NAME <u>BKK CORP.</u>		⑱ STATE FEE (IF ANY) \$ <u>11</u>		<input type="checkbox"/> SURFACE IMPOUNDMENT <input checked="" type="checkbox"/> LANDFILL	
EPA NO. <u>00000000000000000000</u>				<input type="checkbox"/> INJECTION WELL <input type="checkbox"/> LAND TREATMENT	
② INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT				<input type="checkbox"/> TREATMENT (SPECIFY)	
③ IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY				<input type="checkbox"/> RECOVERY OR REUSE <input type="checkbox"/> STORAGE/TRANSFER	
NAME <u>[Signature]</u>					
EPA NO. <u>00000000000000000000</u>		④ <u>[Signature]</u> SIGNATURE OF AUTHORIZED AGENT & TITLE		⑥ <u>6-1-91</u> DATE ACCEPTED	
REVISED 11/80					

SEE REVERSE SIDES FOR INSTRUCTIONS. PLEASE TYPE OR PRINT CLEARLY.

PRESS HARD

CALIFORNIA HAZARDOUS WASTE MANIFEST
STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P STREET, SACRAMENTO, CA 95814

363 -

7330

GENERATOR (GENERATOR MUST COMPLETE)

③ DESIGNATED TSD FACILITY

④ ALTERNATE TSD FACILITY

③ NAME PARADIX CORP
EPA NO. 000002325334
ADDRESS 11000 PARADISE WAY
CITY, STATE, ZIP CODE WILSONVILLE, OR 97150
PHONE NO. 503-261-1010
ORDER PLACED BY W. S. SPECK ORDER DATE 5-8-83
CONTRACT NO. 00000000000000000000

(AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)
NAME ENVIRONMENTAL PROTECTION
EPA NO. 00000000000000000000
ADDRESS 3040 19TH ST
CITY, STATE, ZIP CODE BARKERSFIELD, CA 93201
PHONE NO. 805-768-4846

NAME BKLY LANDFILL
EPA NO. 00000000000000000000
ADDRESS 2210 W. HAZEN BL
CITY, STATE, ZIP CODE W. COVINGA, CA 95601
PHONE NO. 565-0716

⑤ U. S. DOT PROPER SHIPPING NAME	U. S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS: NUMBER
WASTE <u>CHROMIC ACID</u>	<u>CORROSIVE</u>	<u>1755</u>	<u>4200</u>	<u>gal</u>	<input checked="" type="checkbox"/> DRUMS <input type="checkbox"/> BAGS <input type="checkbox"/> CARTONS <input type="checkbox"/> DUMP TRUCK
WASTE					<input checked="" type="checkbox"/> TANK TRUCK <input type="checkbox"/> OTHER

⑥ WASTE CATEGORY 2
⑦ LIST COMPONENTS:
A CHROMIC ACID 283 PPM
B WATER 99 PPM
C
D
⑧ EX. HAZ. WASTE PERMIT NO. _____
⑨ GENERATING PROCESS PLATING
CONC. RANGE UPPER LOWER UNITS
E _____
F _____
G _____
NONHAZARDOUS MATERIAL WATER 99 %
⑩ WASTE PROPERTIES: PH 6.5 ☒ TOXIC ☐ FLAMMABLE ☒ CORROSIVE/IRRITANT ☐ REACTIVE ☐ SENSITIZER ☐ CARCINOGEN/MUTAGEN
⑪ PHYSICAL STATE ☐ SOLID ☐ LIQUID ☐ SLUDGE ☐ SLURRY ☐ GAS ☐ OTHER
⑫ SPECIAL HANDLING INSTRUCTIONS: ☒ GLOVES ☒ GOGGLES ☐ RESPIRATOR ☐ OTHER

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.
IN THE EVENT OF A SPILL CONTACT THE NATIONAL RESPONSE CENTER, U. S. COAST GUARD 1-800-424-8802.
⑬ W. S. SPECK 5-8-83
SIGNATURE OF AUTHORIZED AGENT & TITLE DATE SHIPPED

TRANSPORTER (HAULER MUST COMPLETE)

⑭ NAME LIQUID WASTE MANAGEMENT
EPA NO. CAD0000072843
ADDRESS P.O. BOX 1082
CITY, STATE, ZIP CODE SUN VALLEY, CALIFORNIA 91352
PHONE NO. (213) 767-4424

JOB NO. 7330
UNIT NO. 4
⑮ PICK-UP DATE 5/8/83 TIME 7:40 ☒ AM ☐ PM
⑯ W. S. SPECK
SIGNATURE OF AUTHORIZED AGENT & TITLE

TSD FACILITY (OPERATOR MUST COMPLETE)

⑰ NAME ENVIRONMENTAL PROTECTION
EPA NO. 00000000000000000000
⑱ QUANTITY (IF MEASURED) 4200 gal
⑲ STATE FEE (IF ANY) \$ _____
⑳ HANDLING OR DISPOSAL METHOD:
☐ SURFACE IMPOUNDMENT ☒ LANDFILL
☐ INJECTION WELL ☐ LAND TREATMENT
☐ TREATMENT (SPECIFY) _____
☐ RECOVERY OR REUSE ☐ STORAGE/TRANSFER
㉑ IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY:
NAME _____
EPA NO. _____
REVISÉ 11/80
⑳ W. S. SPECK
SIGNATURE OF AUTHORIZED AGENT & TITLE
DATE ACCEPTED

GENERATOR (GENERATOR MUST COMPLETE)

DESIGNATED TSD FACILITY

ALTERNATE TSD FACILITY

NAME PERDIX CORP (AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)

EPA NO. 04000325334 **NAME** WILLIAMS ENVIRONMENTAL

ADDRESS 11405 HERNDON WAY **EPA NO.** 04000743121

CITY, STATE, ZIP CODE LOS ANGELES, CAL 90045 **ADDRESS** 11405 HERNDON WAY

PHONE NO. 765-1010 **CITY, STATE, ZIP CODE** LOS ANGELES, CAL 90045

ORDER PLACED BY WILLIAMS ENVIRONMENTAL **ORDER DATE** 6-2-81 **PHONE NO.** 305-977-8441

P.O. CONTRACT NO. WILLIAMS ENVIRONMENTAL

U. S. DOT PROPER SHIPPING NAME	U. S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS: NUMBER
WASTE <u>CHROMIC ACID</u>		<u>1755</u>	<u>5,000</u>	<u>gal</u>	
WASTE					

☒ DRUMS ☐ BAGS ☐ CARTONS ☐ DUMP TRUCK

☒ TANK TRUCK ☐ OTHER

WASTE CATEGORY 12

EX. HAZ. WASTE PERMIT NO. _____

GENERATING PROCESS PLATING

LIST COMPONENTS:

	CONC. RANGE	UNITS	CONC. RANGE	UNITS
	UPPER LOWER		UPPER LOWER	
A <u>CHROMIC ACID</u>		<u>PPM</u>		<u>PPM</u>
B <u>WATER</u>		<u>PPM</u>		<u>PPM</u>
C		<u>PPM</u>		<u>PPM</u>
D		<u>PPM</u>		<u>PPM</u>

WASTE PROPERTIES: PH 2.77 ☒ TOXIC ☐ FLAMMABLE ☒ CORROSIVE/IRRITANT ☐ REACTIVE ☐ SENSITIZER ☐ CARCINOGEN/MUTAGEN

PHYSICAL STATE ☐ SOLID ☒ LIQUID ☐ SLUDGE ☐ SLURRY ☐ GAS ☐ OTHER

SPECIAL HANDLING INSTRUCTIONS: ☒ GLOVES ☒ GOGGLES ☐ RESPIRATOR ☐ OTHER

NONHAZARDOUS MATERIAL WATER 99%

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL RESPONSE CENTER, U. S. COAST GUARD 1-800-424-8802.

SIGNATURE OF AUTHORIZED AGENT & TITLE [Signature]

DATE SHIPPED 6-2-81

TRANSPORTER (HAULER MUST COMPLETE)

NAME LIQUID WASTE MANAGEMENT

EPA NO. CAD000072843

ADDRESS P.O. BOX 1082

CITY, STATE, ZIP CODE SUN VALLEY, CALIFORNIA 91352

PHONE NO. (213) 767-4424

JOB NO. 3

UNIT NO. 2

PICK-UP DATE 6-2-81

TIME ☐ AM ☐ PM

SIGNATURE OF AUTHORIZED AGENT & TITLE [Signature]

TSD FACILITY (OPERATOR MUST COMPLETE)

NAME BRYAN

EPA NO. 04000743121

QUANTITY (IF MEASURED) 18.63

STATE FEE (IF ANY) \$ 18.63

HANDLING OR DISPOSAL METHOD:

☐ SURFACE IMPOUNDMENT ☒ LANDFILL

☐ INJECTION WELL ☐ LAND TREATMENT

☐ TREATMENT (SPECIFY) ☐ RECOVERY OR REUSE ☐ STORAGE/TRANSFER

INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT SEE PAGE 42

IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY:

NAME _____

EPA NO. _____

SIGNATURE OF AUTHORIZED AGENT & TITLE [Signature]

DATE ACCEPTED 6/8

SEE REVERSE SIDES FOR
INSTRUCTIONS. PLEASE TYPE
OR PRINT CLEARLY.

CALIFORNIA HAZARDOUS WASTE MANIFEST
STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P STREET, SACRAMENTO, CA 95814

363 - 01371
0198

PRESS HARD

GENERATOR (GENERATOR MUST COMPLETE)

② NAME BENDIX CORP
EPA NO. CAD0008325374
ADDRESS 11600 SHERMAN WAY
CITY, STATE, ZIP CODE 1. HOLLYWOOD CAL 91605
PHONE NO. 714-541-1010
ORDER PLACED BY W. J. SPECK ORDER DATE 7-1
P.O. CONTRACT NO. 8063-158103

③ DESIGNATED TSD FACILITY

(AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)
NAME BKK LANDFILL
EPA NO. CAD0006786749
ADDRESS 3210 AZUSA AVE
CITY, STATE, ZIP CODE W COVINA CAL
PHONE NO. 965-0916

④ ALTERNATE TSD FACILITY

NAME _____
EPA NO. _____
ADDRESS _____
CITY, STATE, ZIP CODE _____
PHONE NO. _____

① U. S. DOT PROPER SHIPPING NAME	U. S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS: NUMBER	DRUMS TANK TRUCK	BAGS	CARTONS	DUMP TRUCK
WASTE <u>SKYDROL OIL</u>		<u>1270</u>	<u>715</u>	<u>gal</u>		<input checked="" type="checkbox"/>			
WASTE <u>solvent</u>		<u>1993</u>	<u>57</u>	<u>gal</u>					

⑥ WASTE CATEGORY Paint thinner
⑦ EX. HAZ. WASTE PERMIT NO. 110
⑧ GENERATING PROCESS Hyd. testing
⑨ LIST COMPONENTS: CONC. RANGE UNITS
A _____
B _____
C _____
D _____
⑩ WASTE PROPERTIES: PH _____ TOXIC _____ FLAMMABLE _____ ☒ CORROSIVE/IRRITANT _____ REACTIVE _____ SENSITIZER _____ CARCINOGEN/MUTAGEN _____
⑪ PHYSICAL STATE ☐ SOLID ☒ LIQUID ☐ SLUDGE ☐ SLURRY ☐ GAS ☐ OTHER _____
⑫ SPECIAL HANDLING INSTRUCTIONS: ☒ GLOVES ☒ GOGGLES ☐ RESPIRATOR ☐ OTHER _____

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL
RESPONSE CENTER, U. S. COAST GUARD 1-800-424-8802.

⑬ W. J. Speck Suburban 7-21-81
SIGNATURE OF AUTHORIZED AGENT & TITLE DATE SHIPPED

TRANSPORTER (HAULER MUST COMPLETE)

⑭ NAME LIQUID WASTE MANAGEMENT
EPA NO. CAD0000072843
ADDRESS P.O. BOX 1082
CITY, STATE, ZIP CODE SUN VALLEY, CALIFORNIA 91352
PHONE NO. (213) 767-4424

JOB NO. 1
UNIT NO. 2

⑮ PICK-UP DATE 7-21-81
TIME _____ AM ☐ PM ☐

⑯ W. J. Speck
SIGNATURE OF AUTHORIZED AGENT & TITLE

TSD FACILITY (OPERATOR MUST COMPLETE)

⑰ NAME BKK
EPA NO. CAD0006786749
⑱ QUANTITY (IF MEASURED) Sec 153 (C) 2.0
⑲ STATE FEE (IF ANY) \$ _____

② INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT _____

③ IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY

JAME _____
PA NO. _____
REVISED 11/80

② HANDLING OR DISPOSAL METHOD:
☐ SURFACE IMPOUNDMENT ☒ LANDFILL
☐ INJECTION WELL ☐ LAND TREATMENT
☐ TREATMENT (SPECIFY) _____
☐ RECOVERY OR REUSE ☐ STORAGE/TRANSFER

⑰ W. J. Speck 60 7-24-81
SIGNATURE OF AUTHORIZED AGENT & TITLE DATE ACCEPTED

SEE REVERSE SIDES FOR
INSTRUCTIONS. PLEASE TYPE
OR PRINT CLEARLY.

PRESS HARD

CALIFORNIA HAZARDOUS WASTE MANIFEST

STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P STREET, SACRAMENTO, CA 95814

363 -

0436

GENERATOR (GENERATOR MUST COMPLETE)

② NAME PAKEX CORP
EPA NO. 000000000000000000
ADDRESS 11000 SHERWOOD WAY
CITY, STATE, ZIP CODE WILLOWOOD, CALIF
PHONE NO. 714 541000
ORDER PLACED BY W.J. SPECK ORDER DATE 9-3-88
CONTRACT NO. 714-541000

③ DESIGNATED TSD FACILITY

(AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)
NAME PAKEX CORP
EPA NO. 000000000000000000
ADDRESS 11000 SHERWOOD WAY
CITY, STATE, ZIP CODE WILLOWOOD, CALIF
PHONE NO. 565-0716

④ ALTERNATE TSD FACILITY

NAME _____
EPA NO. _____
ADDRESS _____
CITY, STATE, ZIP CODE _____
PHONE NO. _____

⑤ U. S. DOT PROPER SHIPPING NAME	U. S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS: NUMBER
WASTE <u>MURATIC ACID</u>	<u>8</u>	<u>1789</u>	<u>50</u>	<u>gal</u>	<input checked="" type="checkbox"/> DRUMS <input type="checkbox"/> BAGS <input type="checkbox"/> CARTONS <input type="checkbox"/> DUMP TRUCK
WASTE <u>SULFURIC ACID</u>		<u>1800</u>	<u>90</u>	<u>gal</u>	<input checked="" type="checkbox"/> TANK TRUCK <input type="checkbox"/> OTHER

⑥ WASTE CATEGORY (2)
⑦ LIST COMPONENTS:
A SULFURIC ACID CONC. RANGE UPPER LOWER UNITS 19 % PPM
B MURATIC ACID 31 % PPM
C _____
D _____
⑧ GENERATING PROCESS PLATING
CONC. RANGE UPPER LOWER UNITS
E _____
F _____
G _____
NONHAZARDOUS MATERIAL WATER 55 %
⑨ WASTE PROPERTIES: PH 1 ☒ TOXIC ☐ FLAMMABLE ☒ CORROSIVE/IRRITANT ☐ REACTIVE ☐ SENSITIZER ☐ CARCINOGEN/MUTAGEN
⑩ PHYSICAL STATE ☐ SOLID ☒ LIQUID ☐ SLUDGE ☐ SLURRY ☐ GAS ☐ OTHER
⑪ SPECIAL HANDLING INSTRUCTIONS: ☒ GLOVES ☒ GOGGLES ☐ RESPIRATOR ☐ OTHER

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL
RESPONSE CENTER, U. S. COAST GUARD 1-800-424-8802.

⑫ [Signature]
SIGNATURE OF AUTHORIZED AGENT & TITLE
DATE SHIPPED 9/3/88

TRANSPORTER (HAULER MUST COMPLETE)

⑬ NAME LIQUID WASTE MANAGEMENT
EPA NO. CAD0000072843
ADDRESS P.O. BOX 1082
CITY, STATE, ZIP CODE SUN VALLEY, CALIFORNIA 91352
PHONE NO. (213) 767-4424

JOB NO. 0436
UNIT NO. 9

⑭ PICK-UP DATE 9/10/88
TIME 9:00 ☒ AM ☐ PM

⑮ [Signature]
SIGNATURE OF AUTHORIZED AGENT & TITLE

TSD FACILITY (OPERATOR MUST COMPLETE)

⑯ NAME [Signature]
PA NO. 000000000000000000
⑰ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT
⑱ IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY:
NAME _____
EPA NO. _____
REVISED 11/80

⑲ QUANTITY (IF MEASURED) SEE #1789
⑳ STATE FEE (IF ANY) \$ _____

㉑ HANDLING OR DISPOSAL METHOD:
☐ SURFACE IMPOUNDMENT ☒ LANDFILL
☐ INJECTION WELL ☐ LAND TREATMENT
☐ TREATMENT (SPECIFY) _____
☐ RECOVERY OR REUSE ☐ STORAGE/TRANSFER

⑲ [Signature]
SIGNATURE OF AUTHORIZED AGENT & TITLE
DATE ACCEPTED 9/10/88

SEE REVERSE SIDES FOR
INSTRUCTIONS. PLEASE TYPE
OR PRINT CLEARLY.

PRESS HARD

CALIFORNIA HAZARDOUS WASTE MANIFEST
STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P STREET, SACRAMENTO, CA 95814

363 -

0509

GENERATOR (GENERATOR MUST COMPLETE)

② NAME EMERGENCY CORP.
EPA NO. 000000000000000000
ADDRESS 11600 SHERMAN WAY
CITY, STATE, ZIP CODE NO. HOLLYWOOD, CA, 91605
PHONE NO. (213) 765-1010 x333
ORDER PLACED BY W.D. SPECK ORDER DATE 9-18
CONTRACT NO. 17603-024195

③ DESIGNATED TSD FACILITY:

(AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)

NAME DRR LANDFILL
EPA NO. 000000000000000000
ADDRESS 2210 W. ALUSA AVE.
CITY, STATE, ZIP CODE W. COVINA, CA.
PHONE NO. 565-0716

④ ALTERNATE TSD FACILITY

NAME _____
EPA NO. _____
ADDRESS _____
CITY, STATE, ZIP CODE _____
PHONE NO. _____

⑤ U. S. DOT PROPER SHIPPING NAME	U. S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS: NUMBER
WASTE <u>NITRIC ACID</u>	<u>CORROSIVE</u>	<u>1760</u>	<u>115 gal</u>		
WASTE <u>WATER</u>			<u>140 gal</u>		
					DRUMS <input checked="" type="checkbox"/> BAGS <input type="checkbox"/> CARTONS <input type="checkbox"/> DUMP TRUCK <input type="checkbox"/>
					TANK TRUCK <input type="checkbox"/> OTHER <input type="checkbox"/>

⑥ WASTE CATEGORY (2)
⑦ LIST COMPONENTS:
A NITRIC CONC. RANGE UPPER 25% LOWER _____ UNITS ☒ PPM E _____
B WATER CONC. RANGE UPPER 25% LOWER _____ UNITS ☒ PPM G _____
C _____
D _____
⑧ EX. HAZ. WASTE PERMIT NO. _____
⑨ GENERATING PROCESS WATER 75%
CONC. RANGE UPPER _____ LOWER _____ UNITS _____
⑩ WASTE PROPERTIES: PH 1 ☐ TOXIC ☐ FLAMMABLE ☒ CORROSIVE/IRRITANT ☐ REACTIVE ☐ SENSITIZER ☐ CARCINOGEN/MUTAGEN
⑪ PHYSICAL STATE ☐ SOLID ☒ LIQUID ☐ SLUDGE ☐ SLURRY ☐ GAS ☐ OTHER _____
⑫ SPECIAL HANDLING INSTRUCTIONS ☒ GLOVES ☒ GOGGLES ☐ RESPIRATOR ☐ OTHER _____

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL
RESPONSE CENTER, U. S. COAST GUARD 1-800-424-8802.

⑬ W.D. SPECK SIGNATURE OF AUTHORIZED AGENT & TITLE
DATE SHIPPED 9-18

TRANSPORTER (HAULER MUST COMPLETE)

⑭ NAME LIQUID WASTE MANAGEMENT
EPA NO. 000000000000000000
ADDRESS P.O. BOX 1082
CITY, STATE, ZIP CODE SUN VALLEY, CALIFORNIA 91352
PHONE NO. (213) 767-4424

JOB NO. 0509
UNIT NO. 1

⑮ PICK-UP DATE 9/22/90
TIME 3:20 ☐ AM ☒ PM

⑯ W.D. SPECK SIGNATURE OF AUTHORIZED AGENT & TITLE

TSD FACILITY (OPERATOR MUST COMPLETE)

⑰ NAME DRR
EPA NO. 000000000000000000

⑱ QUANTITY (IF MEASURED) 1848
⑲ STATE FEE (IF ANY) \$ 1848

⑳ HANDLING OR DISPOSAL METHOD:
☐ SURFACE IMPOUNDMENT ☒ LANDFILL
☐ INJECTION WELL ☐ LAND TREATMENT
☐ TREATMENT (SPECIFY) _____
☐ RECOVERY OR REUSE ☐ STORAGE/TRANSFER

㉑ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT _____

㉒ IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY:

NAME _____
EPA NO. _____
REVISED 11/80

㉓ W.D. SPECK SIGNATURE OF AUTHORIZED AGENT & TITLE

DATE ACCEPTED 10-2

SEE REVERSE SIDES FOR INSTRUCTIONS. PLEASE TYPE OR PRINT CLEARLY.

PRESS HARD

CALIFORNIA HAZARDOUS WASTE MANIFEST
STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P STREET, SACRAMENTO, CA 95814

363 002004

0880

GENERATOR (GENERATOR MUST COMPLETE)		DESIGNATED TSD FACILITY		ALTERNATE TSD FACILITY	
② NAME <u>BENDIX CORP</u>		(AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)			
EPA NO. <u>040000329234</u>		NAME <u>BKK LANDFILL</u>		NAME	
ADDRESS <u>11600 SHERMAN WAY</u>		EPA NO. <u>0400001786779</u>		EPA NO.	
CITY, STATE, ZIP CODE <u>ALHAMBRA, CALIF.</u>		ADDRESS <u>3210 W. H. Z. US HWY</u>		ADDRESS	
PHONE NO. <u>765-1010</u>		CITY, STATE, ZIP CODE <u>W. COVINA, CALIF.</u>		CITY, STATE, ZIP CODE	
ORDER PLACED BY <u>W. SPECK</u>		PHONE NO. <u>565-0220</u>		PHONE NO.	
P.O. CONTRACT NO. <u>12-14</u>					

③ U. S. DOT PROPER SHIPPING NAME		U. S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS: NUMBER			
WASTE <u>MURATIC ACID</u>		<u>8</u>	<u>1789</u>	<u>55</u>	<u>gal</u>	<input checked="" type="checkbox"/> DRUMS	<input type="checkbox"/> BAGS	<input type="checkbox"/> CARTONS	<input type="checkbox"/> DUMP TRUCK
WASTE <u>SULFURIC ACID</u>			<u>1832</u>	<u>90</u>	<u>gal</u>	<input checked="" type="checkbox"/> TANK TRUCK	<input type="checkbox"/> OTHER		

⑥ WASTE CATEGORY <u>(2)</u>	⑦ EX. HAZ. WASTE PERMIT NO.	⑧ GENERATING PROCESS <u>PLATING</u>
⑨ LIST COMPONENTS:	UNITS	CONC. RANGE UPPER LOWER UNITS
A <u>MURATIC ACID</u>	<u>30</u> %	PPM E
B <u>SULFURIC ACID</u>	<u>10</u> %	PPM F
C	%	PPM G
D	%	PPM
⑩ WASTE PROPERTIES: PH <u>1</u> <input checked="" type="checkbox"/> TOXIC <input type="checkbox"/> FLAMMABLE <input checked="" type="checkbox"/> CORROSIVE/IRRITANT <input type="checkbox"/> REACTIVE <input type="checkbox"/> SENSITIZER <input type="checkbox"/> CARCINOGEN/MUTAGEN		
⑪ PHYSICAL STATE <input type="checkbox"/> SOLID <input checked="" type="checkbox"/> LIQUID <input type="checkbox"/> SLUDGE <input type="checkbox"/> SLURRY <input type="checkbox"/> GAS <input type="checkbox"/> OTHER		
⑫ SPECIAL HANDLING INSTRUCTIONS: <input checked="" type="checkbox"/> GLOVES <input checked="" type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> OTHER		

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL RESPONSE CENTER, U. S. COAST GUARD 1-800-424-8802.	⑬ <u>W. Speck</u> SIGNATURE OF AUTHORIZED AGENT & TITLE	⑭ <u>12-17-1</u> DATE SHIPPED
---	--	----------------------------------

TRANSPORTER (HAULER MUST COMPLETE)		JOB NO. <u>0880</u>	⑮ PICK-UP DATE <u>12/17/1</u>
⑯ NAME <u>LIQUID WASTE MANAGEMENT</u>		UNIT NO. <u>7</u>	TIME <u>8:30</u> <input type="checkbox"/> AM <input type="checkbox"/> PM
EPA NO. <u>0400000072843</u>			
ADDRESS <u>P.O. BOX 1082</u>			
CITY, STATE, ZIP CODE <u>SUN VALLEY, CALIFORNIA 91352</u>			
PHONE NO. <u>(213) 767-4424</u>			
		⑯ <u>W. Speck</u> SIGNATURE OF AUTHORIZED AGENT & TITLE	

TSD FACILITY (OPERATOR MUST COMPLETE)		⑰ QUANTITY (IF MEASURED) <u>SEE#</u>	⑱ HANDLING OR DISPOSAL METHOD:
⑲ NAME <u>BKK</u>		⑲ STATE FEE (IF ANY) \$ <u>1770</u>	<input type="checkbox"/> SURFACE IMPOUNDMENT <input type="checkbox"/> LANDFILL
EPA NO. <u>0400000072843</u>			<input type="checkbox"/> INJECTION WELL <input type="checkbox"/> LAND TREATMENT
⑳ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT			<input type="checkbox"/> TREATMENT (SPECIFY)
			<input type="checkbox"/> RECOVERY OR REUSE <input type="checkbox"/> STORAGE/TRANSFER
㉑ IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY:			
NAME			
EPA NO.			
REVISED 11/80		⑲ <u>W. Speck</u> SIGNATURE OF AUTHORIZED AGENT & TITLE	
		DATE ACCEPTED	

See reverse for instructions.
or print clearly. Press Hard.
Please

State Department of Health Services
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P Street, Sacramento, CA 95814

1 Manifest Number **147 000326**

GENERATOR

(GENERATOR MUST COMPLETE)

3 Designated TSD Facility (Authorized to operate under an approved state program or federal program.)

4 Alternate TSD Facility

Name **BENDIX CORP**
EPA # **CAD008325351**
Address **11600 Sherman Way**
City, State, Zip **North Hollywood 91605**

Name **CASMALIA DISPOSAL**
EPA # **CAD020748125**
Address **NTU Rd**
City, State, Zip **Casmalia 93629**

Name
EPA #
Address
City, State, Zip

U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA ID NO.	WEIGHT OR VOLUME	UNITS	NUMBER OF CONTAINERS
WASTE See attached list			55	7	
WASTE					

TYPE: ☒ DRUMS ☐ BAGS ☐ CARTONS
☐ TANK TRUCK ☐ DUMP TRUCK
☐ OTHER

Waste Category **6** 7 Ext. Haz. Waste Permit No. **CONCENTRATION RANGE** 8 Generating Process **Parts cleaning**

LIST COMPONENTS:	CONCENTRATION RANGE	UNITS	LIST COMPONENTS:	CONCENTRATION RANGE	UNITS
A.	UPPER LOWER	% ppm.	G.	UPPER LOWER	% ppm.
B.		% ppm.			% ppm.
C.		% ppm.			% ppm.
D.		% ppm.			% ppm.

WASTE PROPERTIES: pH ☐ Toxic ☐ Flammable ☒ Corrosive ☐ Irritant ☐ Volatile ☐ Non-Hazardous Material ☐ Sensitizer ☐ Carcinogen/Mutagen

1 PHYSICAL STATE: ☒ Solid ☐ Liquid ☐ Sludge ☐ Slurry ☐ Gas ☐ Other

2 SPECIAL HANDLING INSTRUCTIONS: ☒ Gloves ☐ Goggles ☐ Respirator

GENERATOR CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked, labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and EPA.

IN THE EVENT OF A SPILL, CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802
Signature of Authorized Agent and Title **Supervisor** Date Shipped **9-15-81**

TRANSPORTER (HAULER MUST COMPLETE)

TRANSPORTER NAME **Containerized Chemical Disposal Inc.** 15 PICK-UP DATE **9/15/81**
ADDRESS **P. O. Box 1142** EPA NO. **CAT000611483** Time **1:30 AM**
CITY, STATE, ZIP **Monrovia, CA 91016** PHONE **(213) 445-5344** Signature of Authorized Agent and Title **Pres** Date **9/11/81**

TSD FACILITY (FACILITY-OPERATOR MUST COMPLETE) **#57308**

7 NAME **Casmalia Disposal** 18 QUANTITY (If Measured)
EPA NO. **CAD020748125** 19 STATE FEE (If Any)
PHONE NO.

0 INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT:

IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY:

2 Designated TSD Facility Name **faulstich Schelstraete** EPA NO. **10-06-81**
Signature of Authorized Agent and Title **23** Date Accepted

21 HANDLING OR DISPOSAL METHOD:
☐ Surface Impoundment ☒ Landfill
☐ Injection Well ☐ Land Treatment
☐ Treatment (Specify)
☐ Recovery or Re-use ☐ Storage/Transfer
☐ Recycle

1983 MANIFESTS

HAZARDOUS MATERIALS MANAGEMENT
SECTION
744 P Street
Sacramento, CA 95814

UNIFORM HAZARDOUS WASTE MANIFEST PERMIT #3-2672

W.O.#3662

(Please print or type with ELITE type (12 characters per inch).

P.O.#8067-356147

STATE ID NUMBER 8269581

GENERATOR NAME AND MAILING ADDRESS

BENDIX CORP/ELECTRODYNAMICS DIVN
11600 SHERMAN WAY, NO. HOLLYWOOD, CA., 91605

AREA CODE/PHONE NUMBER (213)765-1010

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER

C A D 50 0 8 3 2 5 3 3 4

TRANSPORTER NO. 1

LIQUID WASTE MANAGEMENT

SUN VALLEY, CA., 91352 (213)767-4424

VEH./CONTAINER NO.

EPA ID NUMBER

0 0 0 0 1 1 9 6 1 3

C A D 0 0 0 0 7 2 8 4 3

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY

BKK LANDFILL

2210 AZUSA AVE.

W. COVINA, CA., (213)965-0916

EPA ID NUMBER

C A D 0 6 7 7 8 6 7 4 9

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS

UN/NA
NUMBERTOTAL
QUANTITYUNIT
WT/VOLCONTAINER
NO. TYPEWASTE
CAT. NO.

POTASSIUM CYANIDE A.D.S. POISON B

UN 1 5 5 5

0 0 3 0 0

G

0 0 1 C T

1 2 1

WATER

0 0 9 0 0

COMPONENTS

CONC.
UPPERRANGE
LOWERUNITS
% ppm

CYANIDE SOLUTION

3%

WATER

900 G. TO REACH 6800 PPM

R E C E I V E D

JUN 10 1983

Plant Engineering

SPECIAL HANDLING INSTRUCTIONS

GLOVES & GOGGLES

This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA.

PRINTED OR TYPED FULL NAME AND SIGNATURE

WALTER J. SPECK

MO. DAY YR.

0 5 1 8 8 3

☐ CHECK IF CONTINUATION SHEET IS USED. NUMBER OF CONTINUATION SHEETS

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE MATERIALS

DATE REC'D & ACCEPTED

PRINTED OR TYPED FULL NAME AND SIGNATURE

ALBERT RAMIREZ

MO. DAY YR.

0 5 1 8 8 3

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE MATERIALS

DATE REC'D & ACCEPTED

PRINTED OR TYPED FULL NAME AND SIGNATURE

ALBERT RAMIREZ

MO. DAY YR.

DISCREPANCY INDICATION SPACE

4.83

60

7.5

2920

Facility owner or operator: Certification of receipt of hazardous material covered by this manifest except as noted in the discrepancy indication space above. Note: TSD must complete waste number. See Instructions.

DATE REC'D & ACCEPTED

PRINTED OR TYPED FULL NAME AND SIGNATURE

EPA ID NUMBER

MO. DAY YR.

0 5 1 8 8 3

Original—White—Disposer send to DHS; Green—Hauler; Yellow—Disposer; Pink—Generator

HAZARDOUS MATERIALS MANAGEMENT
SECTION
744 P Street
Sacramento, CA 95814

UNIFORM HAZARDOUS WASTE MANIFEST

PERMIT # 3-2672

(Please print or type with ELITE type (12 characters per inch).

P.O. #8067-357921

STATE ID NUMBER

8269588

GENERATOR NAME AND MAILING ADDRESS BENDIX CORP/ELECTRODYNAMICS DIV 11600 SHERMAN WAY HO HOLLYWOOD, CA (213) 765-1010				MANIFEST DOCUMENT NUMBER EPA ID NUMBER C A 8 0 0 0 8 3 2 5 3 3 4													
TRANSPORTER NO. 1 DISPOSAL CONTROL MANAGEMENT 1627 W. 9th ST. UPLAND, CA.				VEH./CONTAINER NO. 0 0 0 0 1 5 4 8		EPA ID NUMBER C A T 0 8 0 0 0 3 4 1 8 4											
TRANSPORTER NO. 2/ALTERNATE TSD FACILITY LIQUID WASTE MANAGEMENT SUN VALLEY, CA., 91352 (213) 767-4424						EPA ID NUMBER C A D 0 0 0 0 7 2 8 4 3											
TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY BKK LANDFILL 2210 AZUSA. W. COVINA, CA., (213) 965-0916						EPA ID NUMBER C A D 0 6 7 7 8 6 7 4 9											
AREA CODE/PHONE NUMBER																	
PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS				UN/NA NUMBER		TOTAL QUANTITY		UNIT WT/VOL		CONTAINER NO. TYPE		WASTE CAT. NO.					
POTASSIUM CYANIDE - POISON B				UN 1 6 8 9 0 4 2 5 0		6		0 0 1		T C		1 2 1					
COMPONENTS						CONC. UPPER		RANGE LOWER		UNITS %		ppm					
POTASSIUM CYANIDE						999		850				X					
BALANCE - WATER																	
SPECIAL HANDLING INSTRUCTIONS GLOVES AND GOGGLES																	
This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA.																	
PRINTED OR TYPED FULL NAME AND SIGNATURE W.J. SPECK										MO. 07		DAY 19		YR. 83			
<input type="checkbox"/> CHECK IF CONTINUATION SHEET IS USED. NUMBER OF CONTINUATION SHEETS _____																	
TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE MATERIALS										DATE REC'D & ACCEPTED							
PRINTED OR TYPED FULL NAME AND SIGNATURE DARREN STANKEY										MO. 07		DAY 19		YR. 83			
TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE MATERIALS										DATE REC'D & ACCEPTED							
PRINTED OR TYPED FULL NAME AND SIGNATURE JERRELL W. JONES										MO. 07		DAY 19		YR. 83			
DISCREPANCY INDICATION SPACE																	
Facility owner or operator: Certification of receipt of hazardous material covered by this manifest except as noted in the discrepancy indication space above. Note: TSD must complete waste number. See instructions.										DATE REC'D & ACCEPTED							
PRINTED OR TYPED FULL NAME AND SIGNATURE										EPA ID NUMBER		MO. 07		DAY 19		YR. 83	

Original—White—Disposer send to DHS; Green—Hauler; Yellow—Disposer; Pink—Generator

UNIFORM HAZARDOUS WASTE MANIFEST

Department of Health Services

PERMIT #3-4202
STATE ID NUMBER

83192633

Please print or type with ELITE type (12 characters per inch).

P.O. #8067-360214

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER

GENERATOR NAME AND MAILING ADDRESS
BENDIX CORP/ELECTRODYNAMICS
11600 SHERMAN WAY
NO. HOLLYWOOD, CA., 91605
AREA CODE/PHONE NUMBER (213) 765-1010

TRANSPORTER NO. 1
LIQUID WASTE MANAGEMENT
1369 W. 9th ST.
UPLAND, CA., 91786
(800) 824-3345

VEH./CONTAINER NO. EPA ID NUMBER
000001952 C1A708903418

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY
BKK LANDFILL
2210 AZUSA
W. COVINA, CA
AREA CODE/PHONE NUMBER (213) 965-0916

EPA ID NUMBER
C1A006778674

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS	UN/NA NUMBER	TOTAL QUANTITY	UNIT WT/VOL	CONTAINER NO.	WASTE CAT. NO.
HAZARD WASTE LIQUID-ORME (N.O.S.)	UN 9189000000	40	G	001TC	112

COMPONENTS	CONC. RANGE		UNITS	
	UPPER	LOWER	%	PP
CALCIUM FLOURIDE		20	X	
CALCIUM NITRATE		20	X	
WATER 60%				

SPECIAL HANDLING INSTRUCTIONS

GLOVES & GOGGLES

This is to certify that the above-named wastes are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable requirements of the Department of Transportation and the EPA.

Printed or typed full name and signature *Walter J. Speck*
WALTER J. SPECK
MO. 09 DAY 19 YR. 83

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES
Printed or typed full name and signature *JIM LAWRENCE*
JIM LAWRENCE
DATE REC'D & ACCEPTED
MO. 09 DAY 19 YR. 83

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES
Printed or typed full name and signature
DATE REC'D & ACCEPTED
MO. DAY YR.

DISCREPANCY INDICATION SPACE

Facility owner or operator: Certification of receipt of hazardous waste covered by this manifest except as noted in the discrepancy indication space above. Note: TSDF must complete waste number. See instructions.

DATE RECEIVED & ACCEPTED

Printed or typed full name and signature
EPA ID NUMBER
MO. DAY YR.

Please print or type with ELITE type (12 characters per inch).

P.O.#8067-360663

STATE ID NUMBER

83211382

GENERATOR NAME AND MAILING ADDRESS

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER

BENOIX CORP/ELECTRODYNAMICS
11600 SHERMAN WAY
NO. HOLLYWOOD, CA., 91605 (213)765-1010
AREA CODE/PHONE NUMBER

CIAID008325334

TRANSPORTER NO. 1

VEH./CONTAINER NO.

EPA ID NUMBER

LIQUID WASTE MANAGEMENT (DISPOSAL CONTROL SERVICE)
1369 W.9th ST.
UPLAND, CA, 91786
(800)824-3345

00004788

CIAID081003418

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

VEH./CONTAINER NO.

EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY

EPA ID NUMBER

BKK LANDFILL
2210 AZUSA
W. COVINA, CA.
AREA CODE/PHONE NUMBER (213)965-0916

CIAID0617786174

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS

UN/NA
NUMBER

TOTAL
QUANTITY

UNIT
WT/VOL

CONTAINER
NO. TYPE

WASTE
CAT. NO. MI

CHROMIC ACID CORROSIVE

UN175500136

G

001

CT

111

COMPONENTS

CONC. RANGE
UPPER LOWER

UNITS
% PPM

CHROMIC ACID

12

%

RECEIVED

NOV 21 1983

SPECIAL HANDLING INSTRUCTIONS

Plant Engineering

GLOVES & GOGGLES

This is to certify that the above-named wastes are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable requirements of the Department of Transportation and the EPA.

Printed or typed full name and signature

WALTER J. SPECK

MO.

DAY

YR.

10

24

83

☐ Check if continuation sheet is used. Number of continuation sheets

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

DATE
REC'D
&
ACCEPTED

MO.

DAY

YR.

Printed or typed full name and signature

Jim LAWRENCE

10

24

83

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

DATE
REC'D
&
ACCEPTED

MO.

DAY

YR.

Printed or typed full name and signature

DISCREPANCY INDICATION SPACE

Facility owner or operator: Certification of receipt of hazardous waste covered by this manifest except as noted in the discrepancy indication space above. Note: TSDF must complete waste number. See instructions.

DATE RECEIVED & ACCEPTED

EPA ID NUMBER

MO.

DAY

YR.

Printed or typed full name and signature

WALTER J. SPECK

10

24

83

HAZARDOUS WASTE MANAGEMENT BRANCH

UNIFORM HAZARDOUS WASTE MANIFEST

14-744 P Street
Sacramento, CA 95814

W.O.#2251

P.O.#8067-361026

STATE ID NUMBER

83211384

lease print or type with ELITE type (12 characters per inch).

GENERATOR NAME AND MAILING ADDRESS

BENDIX CORP/ELECTRODYNAMICS
11600 SHERMAN WAY
NO. HOLLYWOOD, CA., 91605
AREA CODE/PHONE NUMBER (213)765-1010

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER

CAD0008325334

TRANSPORTER NO. 1

LIQUID WASTE MANAGEMENT (DISPOSAL CONTROL SERVICE)
1369 W. 9th ST.
UPLAND, CA., 91786
(800)824-3345

VEH./CONTAINER NO.

EPA ID NUMBER

000044785

CAT08003418

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

VEH./CONTAINER NO.

EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY

BKK LANDFILL
2210 AZUSA
W. COVINA, CA.
AREA CODE/PHONE NUMBER (213)965-0916

RECEIVED

DEC 1 1983

Plant Engineering

EPA ID NUMBER

CAD06778674

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS

UN/NA
NUMBER

TOTAL
QUANTITY

UNIT
WT/VOL

CONTAINER
NO. TYPE

WASTE
CAT. NO. M

CHROMIC ACID CORROSIVE LIQUID

UN 175500066

G 001CT112C

SULFERIC ACID CORROSIVE LIQUID

UN 183200460

G 001CT112C

COMPONENTS

CONC. RANGE
UPPER LOWER

UNITS
% PF

1.1 CHROMIC

1 % XX

2.1 SULFERIC

8.5 % XX

SPECIAL HANDLING INSTRUCTIONS

GLOVES & GOGGLES

This is to certify that the above-named wastes are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable requirements of the Department of Transportation and the EPA.

Printed or typed full name and signature

WALTER J. SPECK

MO.

DAY

YR

11

01

83

☐ Check if continuation sheet is used. Number of continuation sheets

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

DATE
REC'D
&
ACCEPTED

MO.

DAY

YF

Printed or typed full name and signature

JULIO CENOA

01

01

83

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

DATE
REC'D
&
ACCEPTED

MO.

DAY

YF

Printed or typed full name and signature

DISCREPANCY INDICATION SPACE

3.67

Facility owner or operator: Certification of receipt of hazardous waste covered by this manifest except as noted in the discrepancy indication space above. Note: TSDs must complete waste number. See instructions.

EPA ID NUMBER

DATE RECEIVED & ACCEPTED

MO.

DAY

YI

Printed or typed full name and signature

CAD06778674

11

01

83

TO BE FILLED IN BY GENERATOR

TO BE FILLED IN BY TRANSPORTER

TO BE FILLED IN BY TSD

UNIFORM HAZARDOUS-WASTE MANIFEST

P.O.#8067-361987

W.O.#4181
STATE ID NUMBER

83211386

Use print or type with ELITE type (12 characters per inch).

TO BE FILLED IN BY GENERATOR

GENERATOR NAME AND MAILING ADDRESS

BENDIX CORP/ELECTRODYNAMICS
11600 SHERMAN WAY
NO. HOLLYWOOD, CA., 91605

AREA CODE/PHONE NUMBER

(213-765-1010)

TRANSPORTER NO. 1

LIQUID WASTE MANAGEMENT (DISPOSAL CONTROL SERVICE)
1369 W. 9th ST.
UPLAND, CA., 91786

(800)824-3345

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY

BKK LANDFILL
2210 AZUSA
W. COVINA, CA.

AREA CODE/PHONE NUMBER

(213)965-0916

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS

CAUSTIC SODA

UN/NA
NUMBER

UN1760 0002 00

TOTAL
QUANTITY

UNIT
WT/VOL

6 001 ctt 1120

CONTAINER
NO. TYPE

CONC. RANGE
UPPER LOWER

6

UNITS
% PPM

%

SPECIAL HANDLING INSTRUCTIONS

GLOVES & GOGGLES

This is to certify that the above-named wastes are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable requirements of the Department of Transportation and the EPA.

Printed or typed full name and signature

WALTER J. SPECK

MO. DAY YR.
12 13 83

☐ Check if continuation sheet is used. Number of continuation sheets

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

Printed or typed full name and signature

Jim Lawrence

DATE REC'D & ACCEPTED MO. DAY YR.
12 13 83

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

Printed or typed full name and signature

DATE REC'D & ACCEPTED MO. DAY YR.
12 13 83

DISCREPANCY INDICATION SPACE

Facility owner or operator: Certification of receipt of hazardous waste covered by this manifest except as noted in the discrepancy indication space above. Note: TSD Facility must complete waste number. See instructions.

Printed or typed full name and signature

EPA ID NUMBER

CA9060226747

DATE RECEIVED & ACCEPTED MO. DAY YR.

TO BE FILLED IN BY TRANSPORTER

TO BE FILLED IN BY TSD F

UNIFORM HAZARDOUS WASTE MANIFEST

Please print or type with ELITE type (12 characters per inch).

STATE ID NUMBER

83211391

GENERATOR NAME AND MAILING ADDRESS

BENDIX CORP/ELECTRODYNAMICS DIVN
11600 SHERMAN WAY
NO HOLLYWOOD, CA., 91605-5887
AREA CODE/PHONE NUMBER (818)765-1010

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER

CIAID0008325334

TRANSPORTER NO. 1

VAN WATERS & ROGERS
1363 SO BONNIE BEACH PL.
LOS ANGELES, CA., 90023

(213)265-8123

VEH./CONTAINER NO.

EPA ID NUMBER

000427117 CIAID000923024

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

VEH./CONTAINER NO.

EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY

(VAN WATERS & ROGERS)
SAME AS TRANSPORTER #1

EPA ID NUMBER

AREA CODE/PHONE NUMBER

CIAID000923024

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS

UN/NA
NUMBER

TOTAL
QUANTITY

UNIT
WT/VOL

CONTAINER
NO. TYPE

WASTE
CAT. NO. ME

1,1,1, TRICHLOROETHANE ORM-A

UN2831 00200 G 006 UM 2110

COMPONENTS

CONC. RANGE
UPPER LOWER

UNITS
% PPM

SPECIAL HANDLING INSTRUCTIONS

This is to certify that the above-named wastes are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable requirements of the Department of Transportation and the EPA.

MO.

DAY

YR.

Printed or typed full name and signature

01

19

84

☐ Check if continuation sheet is used. Number of continuation sheets

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

DATE
REC'D
&
ACCEPTED

MO.

DAY

YR.

Printed or typed full name and signature

01

19

84

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

DATE
REC'D
&
ACCEPTED

MO.

DAY

YR.

Printed or typed full name and signature

DISCREPANCY INDICATION SPACE

Facility owner or operator: Certification of receipt of hazardous waste covered by this manifest except as noted in the discrepancy indication space above. Note: TSDF must complete waste number. See instructions.

DATE RECEIVED & ACCEPTED

EPA ID NUMBER

MO.

DAY

YR.

Printed or typed full name and signature

TO BE FILLED IN BY GENERATOR

TO BE FILLED IN BY TRANSPORTER

TO BE FILLED IN BY TSDF

UNIFORM HAZARDOUS WASTE MANIFEST

STATE ID NUMBER 83032942

ease print or type with ELITE type (12 characters per inch).

GENERATOR NAME AND MAILING ADDRESS BENOLX CORP. 11600 SHERMAN WAY N. N. HOLLYWOOD, CA. 91605 AREA CODE/PHONE NUMBER 765-1010					MANIFEST DOCUMENT NUMBER					
TRANSPORTER NO. 1 <i>Same as TSD Facility</i>					VEH./CONTAINER NO.		EPA ID NUMBER			
					CA D 0 08 32 5 33 4					
TRANSPORTER NO. 2/ALTERNATE TSD FACILITY					VEH./CONTAINER NO.		EPA ID NUMBER			
TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY VAN WATERS & ROGERS 1363 SO. BONNIE BEACH PL. LOS ANGELES, CA. 90023 AREA CODE/PHONE NUMBER (213) 265-8123					VEH./CONTAINER NO.		EPA ID NUMBER			
					CA D 0 08 32 5 33 4					
PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS			UN/NA NUMBER	TOTAL QUANTITY	UNIT WT/VOL	CONTAINER NO.	WASTE CAT NO.	DI ME		
1,1,1, TRICHLOROETHANE ORM-A			UN 2 8 31	3 30	G	6 DM	2 11 0			
COMPONENTS					CONC. RANGE		UNITS			
					UPPER LOWER		% PPM			
SPECIAL HANDLING INSTRUCTIONS										
This is to certify that the above-named wastes are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable requirements of the Department of Transportation and the EPA.										
Printed or typed full name and signature <i>Russell</i>					MO.		DAY		YR.	
<input type="checkbox"/> Check if continuation sheet is used. Number of continuation sheets					014		03		83	
TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES					DATE REC'D & ACCEPTED		MO.		DAY	YR.
Printed or typed full name and signature <i>Bob Martinez</i>					014		013		813	
TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES					DATE REC'D & ACCEPTED		MO.		DAY	YR.
Printed or typed full name and signature										
DISCREPANCY INDICATION SPACE										
Facility owner or operator: Certification of receipt of hazardous waste covered by this manifest except as noted in the discrepancy indication space above. Note: TSD Facility must complete waste number. See instructions.					EPA ID NUMBER		DATE RECEIVED & ACCEPTED			
Printed or typed full name and signature							MO. DAY YR.			

TO BE FILLED IN BY GENERATOR

TO BE FILLED IN BY TRANSPORTER

TO BE FILLED IN BY TSD

UNIFORM HAZARDOUS WASTE MANIFEST
RECEIVED

Please print or type with ELITE type (12 characters per inch).

MAY 16 1983

STATE ID NUMBER **8 3027573**

GENERATOR NAME AND MAILING ADDRESS Bendix Corporation Plant Engineering 11600 Sherman Way W. HOLLYWOOD 91605 AREA CODE/PHONE NUMBER 213-765-1010						MANIFEST DOCUMENT NUMBER CAA0983 2533							
TRANSPORTER NO. 1 Rutherford / Pacific 3020 Orange Long Beach CA 90807						VEH./CONTAINER NO. 14361704-09807370		EPA ID NUMBER					
TRANSPORTER NO. 2/ALTERNATE TSD FACILITY						VEH./CONTAINER NO.		EPA ID NUMBER					
TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY Facet Energy 3020 Orange Long Beach AREA CODE/PHONE NUMBER 213-595-7333						EPA ID NUMBER G4999066940							
PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS OIL, NOS. COMBUSTIBLE				UN/NA NUMBER NA41270		TOTAL QUANTITY 380		UNIT WT/VOL GAL		CONTAINER NO. TYPE 110 DM 221 C		WASTE CAT NO. ME 221 C	
COMPONENTS OIL								CONC. RANGE UPPER LOWER 100 100		UNITS % PP			
SPECIAL HANDLING INSTRUCTIONS Gloves													
This is to certify that the above-named wastes are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable requirements of the Department of Transportation and the EPA. WALTER J. SPECK <i>Walter J. Speck</i> Printed or typed full name and signature													
<input type="checkbox"/> Check if continuation sheet is used. Number of continuation sheets													
TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES Rutherford / Pacific Printed or typed full name and signature LEEROY A. BLANK <i>LeRoy A. Blank</i>													
TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES Printed or typed full name and signature													
DISCREPANCY INDICATION SPACE													
Facility owner or operator: Certification of receipt of hazardous waste covered by this manifest except as noted in the discrepancy indication space above. Note: TSD must complete waste number. See instructions. H. Keith Mosier <i>Michael J. Mosier</i> Printed or typed full name and signature													

TO BE FILLED IN BY GENERATOR

TO BE FILLED IN BY TRANSPORTER

TO BE FILLED IN BY TSD

HAZARDOUS MATERIALS MANAGEMENT
SECTION
744 P Street
Sacramento, CA 95814

UNIFORM HAZARDOUS WASTE MANIFEST

(Please print or type with ELITE type (12 characters per inch).

P.O.# 7067-354552

STATE ID NUMBER

8269589

GENERATOR NAME AND MAILING ADDRESS

BENDIX CORP/ELECTRODYNAMICS

11600 SHERMAN WAY

NO. HOLLYWOOD, CA., 91605 (213) 765-1010

AREA CODE/PHONE NUMBER

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER

C A D 0 0 8 3 2 5 3 3 4

TRANSPORTER NO. 1

SAME AS TSD FACILITY

VAN WATERS & ROGERS
LOS ANGELES

VEH./CONTAINER NO.

0 0 0 4 2 7 1 7

EPA ID NUMBER

C A D 0 0 9 2 3 0 2 4 4

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY

VAN WATERS & ROGERS

1363 SO. BONNIE BEACH PL.

LOS ANGELES, CA 90023 (213) 265-8123

EPA ID NUMBER

C A D 0 0 9 2 3 0 2 4 4

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS

TRICHLOROETHANE 1,1,1

UN/NA

NUMBER

TOTAL

QUANTITY

UNIT

WT/VOL

CONTAINER NO. TYPE CAT. NO.

UN 2 8 3 1 0 0 1 6 5

G

0 0 3 D 1 2 1 1

COMPONENTS

CONC.
UPPERRANGE
LOWERUNITS
%

SPECIAL HANDLING INSTRUCTIONS

This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA.

PRINTED OR TYPED FULL NAME AND SIGNATURE Ron J. Slatterbeck

MO. DAY YR.
0 7 2 1 8 3☐ CHECK IF CONTINUATION SHEET IS USED. NUMBER OF CONTINUATION SHEETS

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE MATERIALS

DATE REC'D & ACCEPTED

PRINTED OR TYPED FULL NAME AND SIGNATURE Bob Martinez

MO. DAY YR.
0 7 2 1 8 3

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE MATERIALS

DATE REC'D & ACCEPTED

PRINTED OR TYPED FULL NAME AND SIGNATURE

MO. DAY YR.

DISCREPANCY INDICATION SPACE

Facility owner or operator: Certification of receipt of hazardous material covered by this manifest except as noted in the discrepancy indication space above. Note: TSDF must complete waste number. See instructions.

DATE REC'D & ACCEPTED

PRINTED OR TYPED FULL NAME AND SIGNATURE

EPA ID NUMBER

MO. DAY YR.

Original—White—Disposer send to DHS; Green—Hauler; Yellow—Disposer; Pink—Generator

UNIFORM HAZARDOUS WASTE MANIFEST

base print or type with ELITE type (12 characters per inch).

P.O. #7067-354552

STATE ID NUMBER 83199563

GENERATOR NAME AND MAILING ADDRESS
BENDIE CORP/ELECTRODYNAMICS
11600 SHERMAN WAY
NO HOLLYWOOD, CA., 91605
AREA CODE/PHONE NUMBER **(213)765-1010**

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER
CLAD008325334

TRANSPORTER NO. 1
VAN WATERS & ROGERS
1363 SO BONNIE BEACH PL.
LOS ANGELES, CA., 90023
(213)265-8123

VEH./CONTAINER NO.
010104217117
EPA ID NUMBER
CLAD009230214

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

VEH./CONTAINER NO.
EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY
VAN WATERS & ROGERS
1363 SO BONNIE BEACH PL
LOS ANGELES, CA., 90023
AREA CODE/PHONE NUMBER **(213)265-8123**

EPA ID NUMBER
CLAD009230214

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS	UN/NA NUMBER	TOTAL QUANTITY	UNIT WT/VOL	CONTAINER NO.	WASTE CAT. NO.	DISPOSAL METHOD
TRICHLOROETHANE 1.1.1	UN2831	00250	6	008DM	2111	

COMPONENTS	CONC. RANGE		UNITS	
	UPPER	LOWER	%	PPM

SPECIAL HANDLING INSTRUCTIONS

This is to certify that the above-named wastes are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable requirements of the Department of Transportation and the EPA.

Printed or typed full name and signature **R. J. SLATTERBECK**
☐ Check if continuation sheet is used. Number of continuation sheets

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES
Printed or typed full name and signature **BOB MARTINEZ**
DATE REC'D & ACCEPTED **10 26 83**

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES
Printed or typed full name and signature
DATE REC'D & ACCEPTED
EMERGENCY INDICATION SPACE

Receiver or operator: Certification of receipt of hazardous waste covered by this manifest except as noted in the indication space above. Note: TSD must complete waste number.
Printed or typed full name and signature
EPA ID NUMBER
DATE RECEIVED & ACCEPTED **10 26 83**

TO BE FILLED IN BY GENERATOR

DATE OF

Please print or type with ELITE type (12 characters per inch).

STATE ID NUMBER

83199562

GENERATOR NAME AND MAILING ADDRESS

BENDIX CORP/ELECTRODYNAMICS
11600 SHERMAN WAY
NO HOLLYWOOD, CA., 91605
AREA CODE/PHONE NUMBER (213) 765-2020

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER

0A00083253340005

TRANSPORTER NO. 1

OIL & SOLVENT PROCESS CO
1704 FIRST ST.
AZUSA, CA., 91702

(213)334-5117

VEH./CONTAINER NO.

EPA ID NUMBER

CA000830290

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

GENERAL PORTLAND
PO BOX 1247
LEBEC, CA 93243 (805)248-6733

VEH./CONTAINER NO.

EPA ID NUMBER

CA10100910015

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY

OIL & SOLVENT PROCESS CO
1704 FIRST ST
AZUSA, CA., 91702

AREA CODE/PHONE NUMBER (213)334-5117

EPA ID NUMBER

CA000830290

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS

UN/NA
NUMBER

TOTAL
QUANTITY

UNIT
WT/VOL

CONTAINER
NO. TYPE

WASTE DI
CAT. NO. ME

WASTE FLAMMABLE LIQUID N.O.S.

UN11993000125

G 001DM 2112

COMPONENTS

CONC. RANGE
UPPER LOWER

UNITS
% PPM

PAINT RELATED MATERIAL

RECEIVED

NOV 21 1983

SPECIAL HANDLING INSTRUCTIONS

MAKE SURE BUNGS ARE TIGHT AND THAT DRUMS ARE NOT LEAKING

Plant Engineering

This is to certify that the above-named wastes are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable requirements of the Department of Transportation and the EPA.

MO. DAY YR.
10 25 83

Printed or typed full name and signature R. J. SLATTERBECK

☐ Check if continuation sheet is used. Number of continuation sheets

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

DATE
REC'D
&
ACCEPTED

MO. DAY YR.
10 25 83

Printed or typed full name and signature

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

DATE
REC'D
&
ACCEPTED

MO. DAY YR.
10 25 83

Printed or typed full name and signature

DISCREPANCY INDICATION SPACE

Facility owner or operator: Certification of receipt of hazardous waste covered by this manifest except as noted in the discrepancy indication space above. Note: TSDF must complete waste number. See instructions.

DATE RECEIVED & ACCEPTED

EPA ID NUMBER

MO. DAY YR.
10 25 83

Printed or typed full name and signature

TO BE FILLED IN BY GENERATOR

TO BE FILLED IN BY TRANSPORTER

TO BE FILLED IN BY TSDF

Please print or type with ELITE type (12 characters per inch).

RECEIVED

STATE ID NUMBER

83199561

GENERATOR NAME AND MAILING ADDRESS

BENDIX CORP/ELECTRODYNAMICS
11600 SHERMAN WAY
NO. HOLLYWOOD, CA., 91605

AREA CODE/PHONE NUMBER (213) 765-1010

NOV 10 1983
Plant Engineering

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER

CIAID0083253340000

TRANSPORTER NO. 1

OIL & SOLVENT PROCESS CO.
1704 WEST FIRST ST.
AZUSA, CA., 91702

(213)334-5117

VEH./CONTAINER NO.

EPA ID NUMBER

0101111111

CIAID008310290

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

VEH./CONTAINER NO.

EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY

OIL & SOLVENT PROCESS CO.
1704 WEST FIRST ST.
AZUSA, CA., 91702

AREA CODE/PHONE NUMBER (213)334-5117

EPA ID NUMBER

CIAID008310290

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS

UN/NA
NUMBER

TOTAL
QUANTITY

UNIT
WT/VOL

CONTAINER
NO. TYPE

WASTE
CAT. NO. M

WASTE FLAMMABLE LIQUID N.O.S.

UN199300450

G 009 DM 212

COMPONENTS

CONC. RANGE
UPPER LOWER

UNITS
% PP

KETONES

32

28

%

ALIPHATICS

27

23

%

ALCOHOLS

12

6

%

AROMATICS

17

13

%

NON-VOLATIVE MATERIAL

22

18

%

SPECIAL HANDLING INSTRUCTIONS

MAKE SURE THAT BRMX BUNGS ARE TIGHT AND THAT DRUMS ARE NOT LEAKING

This is to certify that the above-named wastes are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable requirements of the Department of Transportation and the EPA.

MO.

DAY

YR.

R. J. SLATTERBECK

10

25

83

Printed or typed full name and signature

☐ Check if continuation sheet is used. Number of continuation sheets

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

DATE
REC'D
&
ACCEPTED

MO.

DAY

YR.

Printed or typed full name and signature

10

25

83

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

DATE
REC'D
&
ACCEPTED

MO.

DAY

YR.

Printed or typed full name and signature

DISCREPANCY INDICATION SPACE

Facility owner or operator: Certification of receipt of hazardous waste covered by this manifest except as noted in the discrepancy indication space above. Note: TSDF must complete waste number. See instructions.

DATE RECEIVED & ACCEPTED

EPA ID NUMBER

MO.

DAY

YR.

Printed or typed full name and signature

TO BE FILLED IN BY GENERATOR

TO BE FILLED IN BY TRANSPORTER

TO BE FILLED IN BY TSDF

RECEIVED

NOV 10 1983

Plant Engineering

STATE ID NUMBER

831 99560

Please print or type with ELITE type (12 characters per inch).

TO BE FILLED
IN BY TSDF

UNIFORM HAZARDOUS WASTE MANIFEST

(Please print or type with ELITE type (12 characters per inch).)

STATE ID NUMBER 8-206700

CONTINUATION SHEET

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER

THIS IS CONTINUATION SHEET 1 OF 1

647-11432-1334

TRANSPORTER NO.

EPA ID NUMBER

Industrial Waste Engineering

P.O. Box 6157, San Francisco, CA 94116

101-181-179-171

TRANSPORTER NO.

EPA ID NUMBER

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS

UN/NA
NUMBERTOTAL
QUANTITYUNIT
WT/VOLCONTAINER
NO. TYPEWASTE
CAT. NO.

3. Hazardous Waste Liquorics	14911819	000055	6	001	0M343
------------------------------	----------	--------	---	-----	-------

4. Hazardous Waste Solvents	14911819	000116	P	002	0M512
-----------------------------	----------	--------	---	-----	-------

5. Hazardous Waste Solvents	14911819	100011	P	001	0M1181
-----------------------------	----------	--------	---	-----	--------

COMPONENTS

CONC. RANGE
UPPER LOWERUNITS
% ppm

3.1-					
------	--	--	--	--	--

4.1- 1 empty drum	Transferred to Master Manifest #83357116	100	-	X	
-------------------	--	-----	---	---	--

5.1- 1 empty drum		90	90	X	
-------------------	--	----	----	---	--

**** Empty Drums crushed and transferred to Manifest #83357116 for disposal**

TRANSPORTER ACKNOWLEDGEMENT OF RECEIPT OF ABOVE MATERIALS

DATE REC'D & ACCEPTED

Industrial Waste Engineering

PRINTED OR TYPED FULL NAME AND SIGNATURE

MO. DAY YR.

TRANSPORTER ACKNOWLEDGEMENT OF RECEIPT OF ABOVE MATERIALS

DATE REC'D & ACCEPTED

PRINTED OR TYPED FULL NAME AND SIGNATURE

MO. DAY YR.

STATE ID NUMBER

Please print or type with ELITE type (12 characters per inch).

STATE ID NUMBER

83356800

GENERATOR NAME AND MAILING ADDRESS BENDIX CORP. 11600 Sherman Way No. Hollywood, CA. 91605 AREA CODE/PHONE NUMBER (213) 765-1010 / 877-2881		MANIFEST DOCUMENT NUMBER EPA ID NUMBER CAD00083123314			
TRANSPORTER NO. 1 INDUSTRIAL WASTE ENGINEERING P.O. Box 6127 Long Beach, Ca. 90806 (213) 518-5201		VEH./CONTAINER NO. 010042933	EPA ID NUMBER CAT08002967		
TRANSPORTER NO. 2/ALTERNATE TSD FACILITY BKK CORP. 2210 S. Azusa West Covina, CA. 91702 (213) 965-0911		VEH./CONTAINER NO. CAD06778674	EPA ID NUMBER CAT000064611		
TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY CHEMICAL WASTE MANAGEMENT INC. U.S. Highway 41 Kettleman City, CA. 93239 AREA CODE/PHONE NUMBER (209) 386-9711		EPA ID NUMBER CAT000064611			
PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS	UN/NA NUMBER	TOTAL QUANTITY	UNIT WT/VOL	CONTAINER NO.	WASTE CAT. NO.
LAB PACKS 1. HAZARDOUS WASTE SOLID NOS.	NA91189	02400	P	010100M511	C
2. POTASSIUM CYANIDE 100/PACK	UN11680	001100	P	001100M1811	C
COMPONENTS		CONC. RANGE		UNITS	
		UPPER LOWER		% PP	
1.1-SEE ATTACHED LISTS					
2.1- POTASSIUM CYANIDE (Lab Pack)		90 80		X	
SPECIAL HANDLING INSTRUCTIONS ***ALL MATERIALS TRANSFERRED TO MASTER MANIFEST #83356821 EH 3-4428 GLOVES, COVERALLS 300000 transferred to 83356821					
This is to certify that the above-named wastes are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable requirements of the Department of Transportation and the EPA.					
Bendix Corp. Printed or typed full name and signature RJ. SLATTERBECK				MO. 112	DAY 212
<input checked="" type="checkbox"/> Check if continuation sheet is used. Number of continuation sheets				YR. 813	
TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES Indust. Waste Engr. Printed or typed full name and signature PAT STAY				DATE REC'D & ACCEPTED 112	DAY 212
TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES Printed or typed full name and signature				DATE REC'D & ACCEPTED	DAY 813
DISCREPANCY INDICATION SPACE **** Empty Drums crushed and transferred to Master Manifest #83357116					
Facility owner or operator: Certification of receipt of hazardous waste covered by this manifest except as noted in the discrepancy indication space above. Note: TSDF must complete waste number. See instructions.					
CHEMICAL WASTE MANAGEMENT Printed or typed full name and signature				EPA ID NUMBER CAT00646117	DATE RECEIVED & ACCEPTED MO. DAY YR.

HAZARDOUS MATERIALS MANAGEMENT
SECTION
744 P Street
Sacramento, CA 95814

UNIFORM HAZARDOUS WASTE MANIFEST

734 JAN 25

(Please print or type with ELITE type (12 characters per inch).)

8067-257109

3585

STATE ID NUMBER

8269571

GENERATOR NAME AND MAILING ADDRESS

BENDIX ELECTRODYNAMICS

11600 SHERMAN WAY, NO. HOLLYWOOD, CA., 91605

AREA CODE/PHONE NUMBER

(213) 765-1010

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER

040000325334

TRANSPORTER NO. 1

LIQUID WASTE MANAGEMENT

VEH./CONTAINER NO.

EPA ID NUMBER

00001963

040000072843

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY

BKK LANDFILL

2210 AZUSA AVE., W. COVINA, CA.,

AREA CODE/PHONE NUMBER

(213) 965-0916

EPA ID NUMBER

040067786744

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS

UN/NA
NUMBERTOTAL
QUANTITYUNIT
WT/VOLCONTAINER
NO. TYPEWASTE
CAT. NO.

WASTE

OIL & GREASE OIL-M-E

001197004500 G

001TC 232

COMPONENTS

CONC.
UPPERRANGE
LOWERUNITS
% ppm

WATER SOLUBLE OILS

10

X

OILS, OTHER

70

X

WATER

70

X

SPECIAL HANDLING INSTRUCTIONS

RECEIVED

FEB 25 1983

This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA.

Plant Engineering

PRINTED OR TYPED FULL NAME AND SIGNATURE

MO. DAY YR.

☐ CHECK IF CONTINUATION SHEET IS USED. NUMBER OF CONTINUATION SHEETS

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE MATERIALS

DATE REC'D & ACCEPTED

PRINTED OR TYPED FULL NAME AND SIGNATURE

MO. DAY YR.

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE MATERIALS

DATE REC'D & ACCEPTED

PRINTED OR TYPED FULL NAME AND SIGNATURE

MO. DAY YR.

DISCREPANCY INDICATION SPACE

X

20.83

83.32

Facility owner or operator: Certification of receipt of hazardous material covered by this manifest except as noted in the discrepancy indication space above. Note: TSD must complete waste number. See instructions.

DATE REC'D & ACCEPTED

PRINTED OR TYPED FULL NAME AND SIGNATURE

EPA ID NUMBER

MO. DAY YR.

RON SAGER

60

040067786744

21 25 83

Final—White—Disposer send to DHS; Green—Hauler; Yellow—Disposer; Pink—Generator

PRESS HARD

CALIFORNIA HAZARDOUS WASTE MANIFEST
STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P STREET, SACRAMENTO, CA 95814

363 -

GENERATOR

(GENERATOR MUST COMPLETE)

② NAME 03585
EPA NO. 03585
ADDRESS 1000 JAY
CITY, STATE, ZIP CODE 91005
PHONE NO. 714-251-1109
ORDER PLACED BY 03585 ORDER DATE 1/31/83
P.O. / CONTRACT NO. 03585

③ DESIGNATED TSD FACILITY

(AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)

NAME 03585
EPA NO. 03585
ADDRESS 1000 JAY
CITY, STATE, ZIP CODE 91005
PHONE NO. 714-251-1109

④ ALTERNATE TSD FACILITY

NAME 03585
EPA NO. 03585
ADDRESS 1000 JAY
CITY, STATE, ZIP CODE 91005
PHONE NO. 714-251-1109

⑤ U. S. DOT PROPER SHIPPING NAME

U. S. DOT HAZARD CLASS

UN/NA I.D. NO.

WEIGHT OR VOLUME

UNITS

CONTAINERS: NUMBER

WASTE HAZARDOUS WASTE
WASTE HAZARDOUS WASTE

4,000604☒ DRUMS☐ BAGS☐ CARTONS☐ DUMP TRUCK☐ TANK TRUCK☐ OTHER

⑥ WASTE CATEGORY 1/3 ⑦ EX. HAZ. WASTE PERMIT NO. 03585 ⑧ GENERATING PROCESS HAZARDOUS WASTE

⑨ LIST COMPONENTS: CONC. RANGE UPPER LOWER UNITS

A HAZARDOUS WASTE 5% 15% ☐ % ☐ PPM E HAZARDOUS WASTE 5% 15% ☐ % ☐ PPM

B HAZARDOUS WASTE 5% 15% ☐ % ☐ PPM F HAZARDOUS WASTE 5% 15% ☐ % ☐ PPM

C HAZARDOUS WASTE 5% 15% ☐ % ☐ PPM G HAZARDOUS WASTE 5% 15% ☐ % ☐ PPM

D HAZARDOUS WASTE 5% 15% ☐ % ☐ PPM NONHAZARDOUS MATERIAL HAZARDOUS WASTE %

⑩ WASTE PROPERTIES: PH 1 ☐ TOXIC ☐ FLAMMABLE ☐ CORROSIVE/IRRITANT ☐ REACTIVE ☐ SENSITIZER ☐ CARCINOGEN/MUTAGEN

⑪ PHYSICAL STATE: ☐ SOLID ☒ LIQUID ☐ SLUDGE ☐ SLURRY ☐ GAS ☐ OTHER

⑫ SPECIAL HANDLING INSTRUCTIONS: ☒ GLOVES ☒ GOGGLES ☐ RESPIRATOR ☐ OTHER

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL
RESPONSE CENTER, U. S. COAST GUARD 1-800-424-8802.

SIGNATURE OF AUTHORIZED AGENT & TITLE

DATE SHIPPED

TRANSPORTER

(HAULER MUST COMPLETE)

⑭ NAME LIQUID WASTE MANAGEMENT
EPA NO. CAD000072843
ADDRESS P.O. BOX 1082
CITY, STATE, ZIP CODE SUN VALLEY, CALIFORNIA 91352
PHONE NO. (213) 767-4424

JOB NO. 03585
UNIT NO. 03585

⑮ PICK UP DATE 1/31/83
TIME 10:00 ☐ AM ☐ PM

SIGNATURE OF AUTHORIZED AGENT & TITLE

TSD FACILITY

(GENERATOR MUST COMPLETE)

⑰ NAME 03585
EPA NO. 03585

⑱ QUANTITY (IF MEASURED) 4,000⑲ STATE FEE (IF ANY) \$ 200

⑳ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT

㉑ IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY:

NAME 03585
EPA NO. 03585
REVISED 11/80

㉒ HANDLING OR DISPOSAL METHOD:

☐ SURFACE IMPOUNDMENT ☐ LANDFILL
☐ INJECTION WELL ☐ LAND TREATMENT
☐ TREATMENT (SPECIFY) HAZARDOUS WASTE
☐ RECOVERY OR REUSE ☐ STORAGE/TRANSFER

SIGNATURE OF AUTHORIZED AGENT & TITLE

DATE ACCEPTED

HAZARDOUS MATERIALS MANAGEMENT
SECTION
744 P Street
Sacramento, CA 95814

UNIFORM HAZARDOUS WASTE MANIFEST

(Please print or type with ELITE type (12 characters per inch).

P.O.#8067-257109

STATE ID NUMBER

826957

GENERATOR NAME AND MAILING ADDRESS

Bendix Electrodynamics

11600 Sherman Way

No. Hollywood, Ca., 91605

(213) 765-1010

AREA CODE/PHONE NUMBER

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER

C A D 0 0 8 3 2 5 3 3 4

TRANSPORTER NO. 1

VEH./CONTAINER NO.

EPA ID NUMBER

Liquid Waste Mangement

C A D 0 0 0 0 7 2 4

EPA ID NUMBER

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY

BKK Landfill

2210 Azusa Ave., W.Covina, Ca.

(213) 965-0916

AREA CODE/PHONE NUMBER

C A D 0 6 7 7 8 6 7

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS

UN/NA
NUMBERTOTAL
QUANTITYUNIT
WT/VOLCONTAINER
NO. TYPEWAL
CAT

1. Waste oil & water

U M 1 2 7 0 0 3 5 0 0

G

0 0 1 T C 2 2 2

COMPONENTS

CONC.
UPPERRANGE
LOWER

%

UN

Water soluble oils

10

X

Oils, other (Hyd & waxy)

20

X

Water

70

X

RECEIVED

MAR 21 1985

Plant Engineer

SPECIAL HANDLING INSTRUCTIONS

Gloves and Goggles

This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA.

PRINTED OR TYPED FULL NAME AND SIGNATURE

MO.

DAY

☐ CHECK IF CONTINUATION SHEET IS USED. NUMBER OF CONTINUATION SHEETS

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE MATERIALS

DATE REC'D & AC

PRINTED OR TYPED FULL NAME AND SIGNATURE

MO.

DAY

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE MATERIALS

DATE REC'D & AC

PRINTED OR TYPED FULL NAME AND SIGNATURE

MO.

DAY

DISCREPANCY INDICATION SPACE

Facility owner or operator: Certification of receipt of hazardous material covered by this manifest except as noted in the discrepancy indication space above. Note: TSDF must complete waste number. See instructions.

DATE REC'D & AC

PRINTED OR TYPED FULL NAME AND SIGNATURE

EPA ID NUMBER

MO.

DAY

HAZARDOUS MATERIALS MANAGEMENT
SECTION
744 P Street
Sacramento, CA 95814

UNIFORM HAZARDOUS WASTE MANIFEST

1516

(Please print or type with ELITE type (12 characters per inch).)

STATE ID NUMBER

8269573

GENERATOR NAME AND MAILING ADDRESS

Bendix Electrodynamiss

11600 Sherman Way, No. Hollywood, Ca., 91605

AREA CODE/PHONE NUMBER (213) 765-1010

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER

CA 00008325334

TRANSPORTER NO. 1

Liquid Waste Management

VEH./CONTAINER NO.

EPA ID NUMBER

00001157

CA 9000072843

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY

BKK Landfill

2210 Azusa Ave., W. Covina, Ca.

AREA CODE/PHONE NUMBER (213) 965-0916

EPA ID NUMBER

CA 00067786749

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS

UN/NA
NUMBERTOTAL
QUANTITYUNIT
WT/VOLCONTAINER
NO. TYPEWASTE
CAT. NO.

Waste Oil + 100 Gall

UN 1270

24000

G

11170

11170

COMPONENTS

CONC.
UPPERRANGE
LOWERUNITS
% ppm

100

X

00

A

70

X

SPECIAL HANDLING INSTRUCTIONS

This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA.

WALTER J. SPECK

PRINTED OR TYPED FULL NAME AND SIGNATURE

MO. DAY YR.
11 11 83☐ CHECK IF CONTINUATION SHEET IS USED. NUMBER OF CONTINUATION SHEETS

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE MATERIALS

DATE REC'D & ACCEPTED

PRINTED OR TYPED FULL NAME AND SIGNATURE

MO. DAY YR.
11 11 83

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE MATERIALS

DATE REC'D & ACCEPTED

PRINTED OR TYPED FULL NAME AND SIGNATURE

MO. DAY YR.
11 11 83

DISCREPANCY INDICATION SPACE

Facility owner or operator: Certification of receipt of hazardous material covered by this manifest except as noted in the discrepancy indication space above. Note: TSD must complete waste number. See instructions.

DATE REC'D & ACCEPTED

PRINTED OR TYPED FULL NAME AND SIGNATURE

EPA ID NUMBER

MO. DAY YR.
11 11 83

Original—White—Disposer send to DHS; Green—Hauler; Yellow—Disposer; Pink—Generator

HAZARDOUS MATERIALS MANAGEMENT
SECTION
744 P Street
Sacramento, CA 95814

UNIFORM HAZARDOUS WASTE MANIFEST

W.O.1581

(Please print or type with ELITE type (12 characters per inch).

P.O. #8067-257109

STATE ID NUMBER

8269575

GENERATOR NAME AND MAILING ADDRESS

BENDIX CORP./ELECTRODYNAMICS DIVN.

11600 SHERMAN WAY

HD, HOLLYWOOD, CA 91605 (213) 765-1010

AREA CODE PHONE NUMBER

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER

C A D 0 0 8 3 2 5 3 3 4

TRANSPORTER NO. 1

LIQUID WASTE MANAGEMENT

VEH./CONTAINER NO.

EPA ID NUMBER

0 0 0 0 1 9 6 2

C A D 0 0 0 0 7 2 8 4 3

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

EPA ID NUMBER

DISPOSAL CONTROL SERVICE

C A T 0 8 0 0 3 4 1 8 4

1637 W. TULSA ST. UPLAND, CA 91786

C A T 0 8 0 0 3 4 1 8 4

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY

EPA ID NUMBER

BKK LANDFILL

2210 AZUSA AVE.

W. COVINA, CA (213) 965-0916

C A D 0 6 7 7 8 6 7 4 9

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS

UN/NA
NUMBERTOTAL
QUANTITYUNIT
WT/VOLCONTAINER
NO.

TYPE

WASTE
CAT. NO.

WASTE OIL & WATER

U N 1 2 7 0

0 4 0 0 0

G

0 0 1

C T

2 2 2

COMPONENTS

CONC.
UPPERRANGE
LOWER

%

UNITS
ppm

WATER SOLUBLE OILS

10

X

OILS, OTHER

20

X

WATER

70

X

SPECIAL HANDLING INSTRUCTIONS

GLOVES & GOGGLES

KEEP AWAY FROM HOT PLACES

This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA.

PRINTED OR TYPED FULL NAME AND SIGNATURE

MO. DAY YR.
03 22 83

☐ CHECK IF CONTINUATION SHEET IS USED. NUMBER OF CONTINUATION SHEETS

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE MATERIALS

DATE REC'D & ACCEPTED

LARRY P. H. HANDEL

PRINTED OR TYPED FULL NAME AND SIGNATURE

MO. DAY YR.
03 22 83

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE MATERIALS

DATE REC'D & ACCEPTED

JEFFREY W. JONES

PRINTED OR TYPED FULL NAME AND SIGNATURE

MO. DAY YR.
03 22 83

DISCREPANCY INDICATION SPACE

Facility owner or operator: Certification of receipt of hazardous material covered by this manifest except as noted in the discrepancy indication space above. Note: TSDF must complete waste number. See instructions.

DATE REC'D & ACCEPTED

PRINTED OR TYPED FULL NAME AND SIGNATURE

EPA ID NUMBER

MO. DAY YR.
03 22 83

HAZARDOUS MATERIALS MANAGEMENT
SECTION
744 P Street
Sacramento, CA 95814

UNIFORM HAZARDOUS WASTE MANIFEST

W.O. 1640

1-10-83

(Please print or type with ELITE type (12 characters per inch).

P.O. #8067-257109

STATE ID NUMBER

8269577

GENERATOR NAME AND MAILING ADDRESS

BENDIX CORP/ELECTRODYNAMICS DIVN.

11600 SHERMAN WAY

NO. HOLLYWOOD, CA., 91605 (213)765-1010

AREA CODE/PHONE NUMBER

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER

C A D 0 0 8 3 2 5 3 3 4

TRANSPORTER NO. 1

VEH./CONTAINER NO.

EPA ID NUMBER

LIQUID WASTE MANAGEMENT

SUN VALLEY, CA., 91352

0 0 0 0 1 9 6 2

C A D 0 0 0 0 7 2 8 4 3

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

EPA ID NUMBER

EPC WESTSIDE DISPOSAL

HIGHWAY 33, FELLOWS, CA., 93301 (805)3998087

C A T 0 8 0 0 1 0 2 8 3

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY

EPA ID NUMBER

BKK LANDFILL

2210 AZUSA AVE.

W. COVINA, CA.

(213)965-0916

AREA CODE/PHONE NUMBER

C A D 0 6 7 7 8 6 7 4 9

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS

UN/NA
NUMBERTOTAL
QUANTITYUNIT
WT/VOLCONTAINER
NO. TYPEWASTE
CAT. NO.

WASTE OIL & WATER

U N 1 2 7 0 0 4 0 0 0

6

0 0 1

C T 2 2 2

COMPONENTS

CONC.
UPPERRANGE
LOWERUNITS
% ppm

WATER SOLUBLE OILS

10

X

OILS, OTHER

20

X

WATER

70

X

SPECIAL HANDLING INSTRUCTIONS

GLOVES & GOGGLES

This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA.

PRINTED OR TYPED FULL NAME AND SIGNATURE R. SLATTERBECK

MO. DAY YR.
04 05 83☐ CHECK IF CONTINUATION SHEET IS USED. NUMBER OF CONTINUATION SHEETS

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE MATERIALS

DATE REC'D & ACCEPTED

PRINTED OR TYPED FULL NAME AND SIGNATURE

MO. DAY YR.
04 05 83

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE MATERIALS

DATE REC'D & ACCEPTED

PRINTED OR TYPED FULL NAME AND SIGNATURE

MO. DAY YR.
04 05 83

DISCREPANCY INDICATION SPACE

Facility owner or operator: Certification of receipt of hazardous material covered by this manifest except as noted in the discrepancy indication space above. Note: TSD must complete waste number. See instructions.

DATE REC'D & ACCEPTED

PRINTED OR TYPED FULL NAME AND SIGNATURE

EPA ID NUMBER

MO. DAY YR.
04 05 83

Original—White—Disposer send to DHS; Green—Hauler; Yellow—Disposer; Pink—Generator

HAZARDOUS MATERIALS MANAGEMENT
SECTION
744 P Street
Sacramento, CA 95814

UNIFORM HAZARDOUS WASTE MANIFEST

MAY 16 1983

W.O. 1747

(Please print or type with ELITE type (12 characters per inch).)

#8067-257109

Plant Engineering

STATE ID NUMBER 8269578

GENERATOR NAME AND MAILING ADDRESS

BENDIX CORP./ELECTRODYNAMICS DIVISION

11600 SHERMAN WAY

AREA CODE PHONE NUMBER NO. HOLLYWOOD, CA, 91605

(213)765-1010

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER

C A D 0 0 8 3 2 5 3 3 4

TRANSPORTER NO. 1

LIQUID WASTE MANAGEMENT

SUN VALLEY, CA., 91352

VEH./CONTAINER NO.

EPA ID NUMBER

0 0 0 0 1 9 6 3 C A D 0 0 0 0 7 2 8 4 3

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

EPC WESTSIDE DISPOSAL

HIGHWAY 33, FELLOWS, CA., 93301 (805)399-8087

EPA ID NUMBER

C A T 0 8 0 0 1 0 2 8 3

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY

BKK LANDFILL

2210 AZUSA AVE.

AREA CODE PHONE NUMBER COVINA, CA. (213) 965-0916

EPA ID NUMBER

C A D 0 6 7 7 8 6 7 4 9

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS

UN/NA
NUMBERTOTAL
QUANTITYUNIT
WT/VOLCONTAINER
NO. TYPEWASTE
CAT. NO.

WASTE OIL & WATER

U N 1 2 7 0 0 4 0 0 0

G

0 0 1 C T

2 2 2 0 3

MIXED SOLVENTS n.o.s.

FLAMMABLE

U N 1 9 9 3 0 0 6 0 0

G

0 0 1 C T

2 1 4 0 3

COMPONENTS

CONC.
UPPERRANGE
LOWERUNITS
% ppm

WATER SOLUBLE OILS

10

X

OILS, OTHER (20 %) & WATER (70%)

90

X

~~WAXES~~ SOLVENTS

100

X

SPECIAL HANDLING INSTRUCTIONS

GLOVES & GOGGLES

This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA.

PRINTED OR TYPED FULL NAME AND SIGNATURE WALT SPECK

MO.

DAY

YR.

0 4

2 2

8 3

☐ CHECK IF CONTINUATION SHEET IS USED. NUMBER OF CONTINUATION SHEETS

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE MATERIALS

DATE REC'D & ACCEPTED

PRINTED OR TYPED FULL NAME AND SIGNATURE

MO.

DAY

YR.

0 4

2 2

8 3

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE MATERIALS

DATE REC'D & ACCEPTED

PRINTED OR TYPED FULL NAME AND SIGNATURE

MO.

DAY

YR.

DISCREPANCY INDICATION SPACE

1489 0

16.02

60

64.08

Facility owner or operator: Certification of receipt of hazardous material covered by this manifest except as noted in the discrepancy indication space above. Note: TSD must complete waste number. See instructions.

DATE REC'D & ACCEPTED

PRINTED OR TYPED FULL NAME AND SIGNATURE

EPA ID NUMBER

MO.

DAY

YR.

Ron Sager

C A D 0 6 7 7 8 6 7 4 9

0 4

2 3

8 3

UNIFORM HAZARDOUS WASTE MANIFEST

(Please print or type with ELITE type (12 characters per inch).)

STATE ID NUMBER 8269579

TO BE FILLED IN BY THE GENERATOR.

**TO BE FILLED IN BY
TRANSPORTER**

**TO BE FILLED
IN BY TSDF**

This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA.

☐ CHECK IF CONTINUATION SHEET IS USED. NUMBER OF CONTINUATION SHEETS _____

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE MATERIALS _____ DATE REC'D & ACCEPTED _____

ALBERT RAMIREZ

MO. DAY YR.

PRINTED OR TYPED FULL NAME AND SIGNATURE Robert J. Jones 11 10 71

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE MATERIALS Jones DATE REC'D & ACCEPTED

THE UNIVERSITY OF CHICAGO LIBRARY

MO. DAY YR.

PRINTED OR TYPED FULL NAME AND SIGNATURE _____

DISCREPANCY INDICATION SPACE _____

1508

1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	2038	2039	2040	2041	2042	2043	2044	2045	2046	2047	2048	2049	2050	2051	2052	2053	2054	2055	2056	2057	2058	2059	2060	2061	2062	2063	2064	2065	2066	2067	2068	2069	2070	2071	2072	2073	2074	2075	2076	2077	2078	2079	2080	2081	2082	2083	2084	2085	2086	2087	2088	2089	2090	2091	2092	2093	2094	2095	2096	2097	2098	2099	2100	2101	2102	2103	2104	2105	2106	2107	2108	2109	2110	2111	2112	2113	2114	2115	2116	2117	2118	2119	2120	2121	2122	2123	2124	2125	2126	2127	2128	2129	2130	2131	2132	2133	2134	2135	2136	2137	2138	2139	2140	2141	2142	2143	2144	2145	2146	2147	2148	2149	2150	2151	2152	2153	2154	2155	2156	2157	2158	2159	2160	2161	2162	2163	2164	2165	2166	2167	2168	2169	2170	2171	2172	2173	2174	2175	2176	2177	2178	2179	2180	2181	2182	2183	2184	2185	2186	2187	2188	2189	2190	2191	2192	2193	2194	2195	2196	2197	2198	2199	2200	2201	2202	2203	2204	2205	2206	2207	2208	2209	2210	2211	2212	2213	2214	2215	2216	2217	2218	2219	2220	2221	2222	2223	2224	2225	2226	2227	2228	2229	2230	2231	2232	2233	2234	2235	2236	2237	2238	2239	2240	2241	2242	2243	2244	2245	2246	2247	2248	2249	2250	2251	2252	2253	2254	2255	2256	2257	2258	2259	2260	2261	2262	2263	2264	2265	2266	2267	2268	2269	2270	2271	2272	2273	2274	2275	2276	2277	2278	2279	2280	2281	2282	2283	2284	2285	2286	2287	2288	2289	2290	2291	2292	2293	2294	2295	2296	2297	2298	2299	2300	2301	2302	2303	2304	2305	2306	2307	2308	2309	2310	2311	2312	2313	2314	2315	2316	2317	2318	2319	2320	2321	2322	2323	2324	2325	2326	2327	2328	2329	2330	2331	2332	2333	2334	2335	2336	2337	2338	2339	2340	2341	2342	2343	2344	2345	2346	2347	2348	2349	2350	2351	2352	2353	2354	2355	2356	2357	2358	2359	2360	2361	2362	2363	2364	2365	2366	2367	2368	2369	2370	2371	2372	2373	2374	2375	2376	2377	2378	2379	2380	2381	2382	2383	2384	2385	2386	2387	2388	2389	2390	2391	2392	2393	2394	2395	2396	2397	2398</
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Facility owner or operator: Certification of receipt of hazardous material covered by this manifest except as noted DATE REC'D & ACCEPTED

In the discrepancy indication space above, Note: TSDF must complete waste number. See instructions.

EPA ID NUMBER MO. DAY YR.

HAZARDOUS MATERIALS MANAGEMENT
SECTION
744 P Street
Sacramento, CA 95814

UNIFORM HAZARDOUS WASTE MANIFEST

W.O.#

(Please print or type with ELITE type (12 characters per inch).

P.O.#8067-257109

STATE ID NUMBER

8269582

GENERATOR NAME AND MAILING ADDRESS

BENDIX CORP/ELECTRODYNAMICS DIVN
11600 SHERMAN WAY, NO. HOLLYWOOD, CA., 91605

AREA CODE/PHONE NUMBER (213) 765-1010

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER

C A D 0 0 8 3 2 5 3 3 4

TRANSPORTER NO. 1

LIQUID WASTE MANAGEMENT

SUN VALLEY, CA., 91352 (213) 767-4424

VEH./CONTAINER NO.

EPA ID NUMBER

0 0 0 0 1 9 6 2

C A D 0 0 0 0 7 2 8 4 3

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY

BKK LANDFILL

2210 AZUSA AVE., W. COVINA, CA.,

(213) 965-0916

EPA ID NUMBER

AREA CODE/PHONE NUMBER

C A D 0 6 7 7 8 6 7 4 9

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS

UN/NA
NUMBERTOTAL
QUANTITYUNIT
WT/VOLCONTAINER
NO. TYPEWASTE
CAT. NO.

WASTE OIL & WATER

U N 1 2 7 0

0 4 0 0 0

6

0 0 1 C T

2 2 2

COMPONENTS

CONC.
UPPERRANGE
LOWERUNITS
% ppm

WATER SOLUBLE OILS

10

X

OILS, OTHER

20

X

WATER

70

X

SPECIAL HANDLING INSTRUCTIONS

GLOVES & GOGGLES

This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA.

PRINTED OR TYPED FULL NAME AND SIGNATURE

WALTER J. SPECK

MO.

DAY

YR.

0 5

2 8

8 3

☐ CHECK IF CONTINUATION SHEET IS USED. NUMBER OF CONTINUATION SHEETS

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE MATERIALS

DATE REC'D & ACCEPTED

PRINTED OR TYPED FULL NAME AND SIGNATURE

MO.

DAY

YR.

0 5

2 8

8 3

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE MATERIALS

DATE REC'D & ACCEPTED

PRINTED OR TYPED FULL NAME AND SIGNATURE

RECEIVED

MO.

DAY

YR.

DISCREPANCY INDICATION SPACE

JUN 20 1983

Plant Engineering

Facility owner or operator: Certification of receipt of hazardous material covered by this manifest except as noted in the discrepancy indication space above. Note: TSDF must complete waste number. See instructions.

DATE REC'D & ACCEPTED

PRINTED OR TYPED FULL NAME AND SIGNATURE

EPA ID NUMBER

MO.

DAY

YR.

C A D 0 6 7 7 8 6 7 4 9

0 5

2 8

8 3

Original—White—Disposer send to DHS; Green—Hauler; Yellow—Disposer; Pink—Generator

HAZARDOUS MATERIALS MANAGEMENT
SECTION
744 P Street
Sacramento, CA 95814

UNIFORM HAZARDOUS WASTE MANIFEST

(Please print or type with ELITE type (12 characters per inch).)

STATE ID NUMBER **8269584**

GENERATOR NAME AND MAILING ADDRESS

BENDIX CORP/ELECTRODYNAMICS DIVN**11600 SHERMAN WAY****NO HOLLYWOOD, CA****91605****(213) 765-1010**

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER

C A I D 0 0 8 3 2 5 3 3 4

TRANSPORTER NO. 1

VEH./CONTAINER NO.

EPA ID NUMBER

LIQUID WASTE MANAGEMENT**SUN VALLEY, CA., 91352 (213) 767-4424**

0 0 0 0 1 1 1 3 C A I D 0 0 0 0 7 2 8 4 3

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY

EPA ID NUMBER

BKK LANDFILL**2210 AZUSA AVE., W. COVINA, CA.****(213) 965-0916**

AREA CODE/PHONE NUMBER

C A I D 0 6 7 7 8 6 7 4 9

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS

UN/NA
NUMBERTOTAL
QUANTITYUNIT
WT/VOLCONTAINER
NO. TYPEWASTE
CAT. NO.**WASTE OIL + WATER****11/11/10 1100 LBS****6****dd, to, 12, 10****11**

COMPONENTS

CONC.
UPPERRANGE
LOWERUNITS
% ppm**WATER****10****1****OIL + OTHER****10****1****WATER****10****RECEIVED**

SPECIAL HANDLING INSTRUCTIONS

JUL 26 1983**60000 + 60000****Plant Engineering**

This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA.

WALTER J. SPECK
PRINTED OR TYPED FULL NAME AND SIGNATURE

MO. DAY YR.

☐ CHECK IF CONTINUATION SHEET IS USED. NUMBER OF CONTINUATION SHEETS

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE MATERIALS

DATE REC'D & ACCEPTED

LARRY RAINIER
PRINTED OR TYPED FULL NAME AND SIGNATURE

MO. DAY YR.

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE MATERIALS

DATE REC'D & ACCEPTED

PRINTED OR TYPED FULL NAME AND SIGNATURE

MO. DAY YR.

DISCREPANCY INDICATION SPACE

Facility owner or operator: Certification of receipt of hazardous material covered by this manifest except as noted in the discrepancy indication space above. Note: TSDF must complete waste number. See instructions.

DATE REC'D & ACCEPTED

LA SANCION
PRINTED OR TYPED FULL NAME AND SIGNATURE

EPA ID NUMBER

MO. DAY YR.

Original—White—Disposer send to DHS; Green—Hauler; Yellow—Disposer; Pink—Generator

UNIFORM HAZARDOUS WASTE MANIFEST

W.O #1666

P.O.#8067-257109

STATE ID NUMBER 83067578

Please print or type with ELITE type (12 characters per inch).

GENERATOR NAME AND MAILING ADDRESS

MANIFEST DOCUMENT NUMBER

BENDIX CORP/ELECTRODYNAMICS DIVN

11600 SHERMAN WAY

NO. HOLLYWOOD, CA., 91605

AREA CODE/PHONE NUMBER

(213) 765-1010

EPA ID NUMBER

CIA D 0008325334

TRANSPORTER NO. 1

VEH./CONTAINER NO.

EPA ID NUMBER

LIQUID WASTE MANAGEMENT

SUN VALLEY, CA., (213) 767-4424

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

VEH./CONTAINER NO.

EPA ID NUMBER

DISPOSAL CONTROL SERVICE

1627 W. 9th ST.

UPLAND, CA., 91786

CIA D 000007284

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY

EPA ID NUMBER

BKK LANDFILL

2210 AZUSA AVE.

W. COVINA, CA.

(213) 965-0916

AREA CODE/PHONE NUMBER

CIA D 006778674

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS

UN/NA
NUMBER

TOTAL
QUANTITY

UNIT
WT/VOL

CONTAINER
NO. TYPE

WASTE
CAT NO. D

WASTE OIL & WATER

UN 1270

03500

G

001

T

C

222

2

2

2

2

2

2

COMPONENTS

CONC. RANGE
UPPER LOWER

UNITS
% PP

WATER SOLUBLE OILS

10

X

OILS, OTHER

20

X

WATER

70

X

SPECIAL HANDLING INSTRUCTIONS

GLOVES & GOGGLES

This is to certify that the above-named wastes are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable requirements of the Department of Transportation and the EPA.

Printed or typed full name and signature

WALTER J. SPECK

MO.
08

DAY
01

YR.
83

☐ Check if continuation sheet is used. Number of continuation sheets

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

DATE
REC'D
&
ACCEPTED

MO.
08

DAY
01

YR.
83

Printed or typed full name and signature

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

DATE
REC'D
&
ACCEPTED

MO.
08

DAY
01

YR.
83

Printed or typed full name and signature

DISCREPANCY INDICATION SPACE

Facility owner or operator: Certification of receipt of hazardous waste covered by this manifest except as noted in the discrepancy indication space above. Note: TSDf must complete waste number. See instructions.

DATE RECEIVED & ACCEPTED

EPA ID NUMBER

MO.

DAY

YR.

Printed or typed full name and signature

UNIFORM HAZARDOUS WASTE MANIFEST

Please print or type with ELITE type (12 characters per inch).

P.O. #8067-257109

STATE ID NUMBER

83294980

GENERATOR NAME AND MAILING ADDRESS

BENDIX CORP/ELECTRODYNAMICS
11600 SHERMAN WAY
NO. HOLLYWOOD, CA., 91605
AREA CODE/PHONE NUMBER (213) 765-1010

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER

TRANSPORTER NO. 1

~~LIQUID WASTE MANAGEMENT~~
1369 W. 9th St.
UPLAND, CA., 91786

(800)824-3345

VEH./CONTAINER NO.

EPA ID NUMBER

CA 9008325334

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

VEH./CONTAINER NO.

EPA ID NUMBER

00004649 CAT 08003418

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY

EPA ID NUMBER

BKK LANDFILL
2210 AZUSA
W. COVINA, CA
AREA CODE/PHONE NUMBER (213)965-0916

CA D 06778674

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS

UN/NA
NUMBER

TOTAL
QUANTITY

UNIT
WT/VOL

CONTAINER
NO. TYPE

WASTE
CAT. NO. MI

WASTE OIL & WATER NOS Combustible
Liquid

UN 1270

03500

G

001 TC

222 C

COMPONENTS

CONC. RANGE
UPPER LOWER

UNITS
% PPI

WATER SOLUBLE OILS

10

X

OILS, OTHER

20

X

WATER

70

X

RECEIVED

OCT 26 1983

SPECIAL HANDLING INSTRUCTIONS

Plant Engineering

GLOVES & GOGGLES

This is to certify that the above-named wastes are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable requirements of the Department of Transportation and the EPA.

Printed or typed full name and signature

WALTER J. SPECK

☐ Check if continuation sheet is used. Number of continuation sheets

MO.

DAY

YR.

09

22

83

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

Printed or typed full name and signature

DATE
REC'D
&
ACCEPTED

MO.

DAY

YR.

09

22

83

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

Printed or typed full name and signature

DATE
REC'D
&
ACCEPTED

MO.

DAY

YR.

DISCREPANCY INDICATION SPACE

13.61

Facility owner or operator: Certification of receipt of hazardous waste covered by this manifest except as noted in the discrepancy indication space above. Note: TSDF must complete waste number See instructions.

DATE RECEIVED & ACCEPTED

EPA ID NUMBER

Printed or typed full name and signature

CA D 067786749

MO.

DAY

YR.

09

22

8

UNIFORM HAZARDOUS WASTE MANIFEST

Department of Health Services

1993

83211381

use print or type with ELITE type (12 characters per inch).

P.O. 8067-257109 EPA ID NUMBER

GENERATOR NAME AND MAILING ADDRESS

BENDIX CORP/ELECTRODYNAMICS
11600 SHERMAN WAY
NO. HOLLYWOOD, CA., 91605

AREA CODE/PHONE NUMBER

(213)765-1010

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER

TRANSPORTER NO. 1

LIQUID WASTE MANAGEMENT
1369 W. 9th ST.
UPLAND, CA., 91786

(800)824-3345

VEH./CONTAINER NO.

EPA ID NUMBER

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

VEH./CONTAINER NO.

EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY

EPA ID NUMBER

BKK LANDFILL
2210 AZUSA

W. COVINA, CA.

AREA CODE/PHONE NUMBER

(213)965-0916

CAD06778674

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS

UN/NA
NUMBER

TOTAL
QUANTITY

UNIT
WT/VOL

CONTAINER
NO. TYPE

WASTE
CAT. NO. MET

WASTE OIL & WATER

UN11270

03500

G

0017C 2220

COMPONENTS

CONC. RANGE
UPPER LOWER

UNITS
% PPM

WATER SOLUBLE OILS

10

X

OILS OTHER

20

X

WATER

70

X

SPECIAL HANDLING INSTRUCTIONS

GLOVES & GOGGLES

This is to certify that the above-named wastes are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable requirements of the Department of Transportation and the EPA.

MO.
10

DAY
07

YR.
83

Printed or typed full name and signature

☐ Check if continuation sheet is used. Number of continuation sheets

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

DATE
REC'D
&
ACCEPTED

MO.
10

DAY
07

YR.
83

Printed or typed full name and signature

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

DATE
REC'D
&
ACCEPTED

MO.

DAY

YR.

Printed or typed full name and signature

RECEIVED

NOV 14 1983

Plant Engineering

DISCREPANCY INDICATION SPACE

Facility owner or operator: Certification of receipt of hazardous waste covered by this manifest except as noted in the discrepancy indication space above. Note: TSDF must complete waste number. See instructions.

DATE RECEIVED & ACCEPTED

EPA ID NUMBER

MO.

DAY

YR.

Printed or typed full name and signature

01000167786749

10

10

83

Please print or type with ELITE type (12 characters per inch).

P.O.#8067-257109

STATE ID NUMBER

83211383

GENERATOR NAME AND MAILING ADDRESS
BENDIX CORP/ELECTRODYNAMICS
11600 SHERMAN WAY
NO. HOLLYWOOD, CA., 91605
AREA CODE/PHONE NUMBER (213)765-1010

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER

TRANSPORTER NO. 1
LIQUID WASTE MANAGEMENT (DISPOSAL CONTROL SERVICE)
1369 W. 9th ST.
UPLAND, CA., 91786
(800)824-3345

VEH./CONTAINER NO. EPA ID NUMBER

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

VEH./CONTAINER NO. EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY
BKK LANDFILL
2210 AZUSA
W. COVINA, CA.
AREA CODE/PHONE NUMBER (213)965-0916

EPA ID NUMBER

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS	UN/NA NUMBER	TOTAL QUANTITY	UNIT WT/VOL	CONTAINER NO.	WASTE CAT. NO.
WASTE OIL & WATER	UN 1270	003500	G	001	TC 222

COMPONENTS	CONC. RANGE		UNITS	
	UPPER	LOWER	%	PPM
WATER SOLUBLE OILS	10		%	
OILS, OTHER	20		%	
WATER	70		%	

RECEIVED
NOV 23 1983
Plant Engineering

SPECIAL HANDLING INSTRUCTIONS

GLOVES & GOGGLES

This is to certify that the above-named wastes are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable requirements of the Department of Transportation and the EPA.

Printed or typed full name and signature **WALTER J. SPECK or R.J. SLATTERBECK**

MO. DAY YR.
1 10 31 83

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

Printed or typed full name and signature **Jim Lawrence**

DATE REC'D & ACCEPTED MO. DAY YR.
1 10 31 83

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

Printed or typed full name and signature

DATE REC'D & ACCEPTED MO. DAY YR.

DISCREPANCY INDICATION SPACE

Facility owner or operator: Certification of receipt of hazardous waste covered by this manifest except as noted in the discrepancy indication space above. Note: TSDF must complete waste number.

Printed or typed full name and signature **LAURENCE**

DATE RECEIVED & ACCEPTED MO. DAY YR.
1 10 31 83

TO BE FILLED IN BY GENERATOR

TO BE FILLED IN BY TRANSPORTER

TO BE FILLED IN BY TSDF

UNIFORM HAZARDOUS WASTE MANIFEST

2740

Please print or type with ELITE type (12 characters per inch).

8067-25710.9

STATE ID NUMBER

83211385

GENERATOR NAME AND MAILING ADDRESS

BENDIX CORP/ELECTRODYNAMICS

11600 SHERMAN WAY

NO. HOLLYWOOD, CA., 91605

AREA CODE/PHONE NUMBER

(213)765-1010

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER

TRANSPORTER NO. 1

LIQUID WASTE MANAGEMENT (DISPOSAL CONTROL SERVICE)

1369 W. 9th ST.

UPLAND, CA., 91786

(800)824-3345

VEH./CONTAINER NO.

EPA ID NUMBER

0100144791

CIAIT0180034118

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

VEH./CONTAINER NO.

EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY

BKK LANDFILL

2210 AZUSA

W. COVINA, CA.

AREA CODE/PHONE NUMBER

(213)965-0916

EPA ID NUMBER

CIAID0167781674

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS

UN/NA
NUMBER

TOTAL
QUANTITY

UNIT
WT/VOL

CONTAINER
NO. TYPE

WASTE
CAT. NO. ME

WASTE OIL & WATER

Flammable liquid

UN127003500

G 001TC222C

COMPONENTS

CONC. RANGE
UPPER LOWER

UNITS
% PPM

WATER SOLUBLE OILS

10 %

OILS, OTHER

20 %

WATER

70 %

SPECIAL HANDLING INSTRUCTIONS

GLOVES & GOGGLES

This is to certify that the above-named wastes are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable requirements of the Department of Transportation and the EPA.

Printed or typed full name and signature

WALTER J. SPECK

MO. DAY YR.
11 26 83

☐ Check if continuation sheet is used. Number of continuation sheets

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

DATE
REC'D
&
ACCEPTED

MO. DAY YR.
11 26 83

Printed or typed full name and signature

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

DATE
REC'D
&
ACCEPTED

MO. DAY YR.
11 26 83

Printed or typed full name and signature

DISCREPANCY INDICATION SPACE

Facility owner or operator: Certification of receipt of hazardous waste covered by this manifest except as noted in the discrepancy indication space above. Note: TSDs must complete waste number.

Printed or typed full name and signature

EPA ID NUMBER

DATE RECEIVED & ACCEPTED

MO. DAY YR.
11 26 83

HAZARDOUS MATERIALS MANAGEMENT
SECTION
744 P Street
Sacramento, CA 95814

UNIFORM HAZARDOUS WASTE MANIFEST

(Please print or type with ELITE type (12 characters per inch).

STATE ID NUMBER 8269585

GENERATOR NAME AND MAILING ADDRESS

BENDIX ELECTRODYNAMICS

11600 SHERMAN WAY

NO. HOLLYWOOD, CA 91605 (213)765-1010

AREA CODE/PHONE NUMBER

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER

C A D 0 0 8 3 2 5 3 3 4

TRANSPORTER NO. 1

BENDIX ELECTRODYNAMICS

(SAME AS ABOVE)

VEH./CONTAINER NO.

EPA ID NUMBER

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY

BENDIX OCEANICS

15825 ROXFORD ST. SYLMAR, CA., 91342

EPA ID NUMBER

AREA CODE/PHONE NUMBER

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS

UN/NA
NUMBERTOTAL
QUANTITYUNIT
WT/VOLCONTAINER
NO. TYPEWASTE
CAT. NO.

ACCELERATOR 19

CORROSIVE

0 0 0 3 0

G

D F 1 1 2

DIAZO 20 AMMONIA

CORROSIVE

U N 2 0 7 3 0 0 0 0 5

G

D F 1 2 2

COMPONENTS

CONC.
UPPERRANGE
LOWERUNITS
% ppm

SPECIAL HANDLING INSTRUCTIONS

GLOVES & GOGGLES

This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA.

WALTER J. SPECK

PRINTED OR TYPED FULL NAME AND SIGNATURE

Walter J. Speck

MO. DAY YR.

06 28 83

☐ CHECK IF CONTINUATION SHEET IS USED. NUMBER OF CONTINUATION SHEETS

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE MATERIALS

DATE REC'D & ACCEPTED

RUSSELL, L. WAGAR

PRINTED OR TYPED FULL NAME AND SIGNATURE

Russell L. Waggar

MO. DAY YR.

06 28 83

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE MATERIALS

DATE REC'D & ACCEPTED

PRINTED OR TYPED FULL NAME AND SIGNATURE

MO. DAY YR.

DISCREPANCY INDICATION SPACE

Facility owner or operator: Certification of receipt of hazardous material covered by this manifest except as noted in the discrepancy indication space above. Note: TSDF must complete waste number. See instructions.

DATE REC'D & ACCEPTED

UNIFORM HAZARDOUS WASTE MANIFEST

(Please print or type with ELITE type (12 characters per inch).)

3585 STATE ID NUMBER 8269570

GENERATOR NAME AND MAILING ADDRESS BENDIX ELECTRODYNAMICS 11600 SHERMAN WAY NO. HOLLYWOOD, CA., 91605		MANIFEST DOCUMENT NUMBER EPA ID NUMBER			
AREA CODE/PHONE NUMBER (213) 765-1010		CIA D 0 0 0 8 3 2 5 3 3 4			
TRANSPORTER NO. 1 LIQUID WASTE MANAGEMENT		VEH./CONTAINER NO. 00000119163	EPA ID NUMBER CIA D 0 0 0 0 0 7 2 8 4 3		
TRANSPORTER NO. 2/ALTERNATE TSD FACILITY		EPA ID NUMBER			
TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY BKK LANDFILL 2210 AZUSA AVE. W. COVINA, CA		EPA ID NUMBER CIA D 0 0 6 7 7 8 6 7 4 9			
AREA CODE/PHONE NUMBER (213) 965-0916					
PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS	UN/NA NUMBER	TOTAL QUANTITY	UNIT WT/VOL	CONTAINER NO.	WASTE CAT. NO.
Potassium Permanganate Solution	UN 1511	1000	G	1	1
COMPONENTS			CONC. UPPER	RANGE LOWER	UNITS % ppm
SPECIAL HANDLING INSTRUCTIONS GLOVES + GOGGLES			RECEIVED FEB 25 1983 Plant Engineering		

This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA.

PRINTED OR TYPED FULL NAME AND SIGNATURE

Department of Transportation and the EPA.

MO. DAY YR.
 01 21 21

☐ CHECK IF CONTINUATION SHEET IS USED. NUMBER OF CONTINUATION SHEETS

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE MATERIALS		DATE REC'D & ACCEPTED		
<p style="text-align: center;"><i>ALBERT KIMMEL</i></p>		MO.	DAY	YR.
PRINTED OR TYPED FULL NAME AND SIGNATURE		21	21	22
TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE MATERIALS		DATE REC'D & ACCEPTED		
<p style="text-align: center;">X</p>		MO.	DAY	YR.
PRINTED OR TYPED FULL NAME AND SIGNATURE				

<p>DISCREPANCY INDICATION SPACE</p> <div style="text-align: right; margin-top: 20px;"> <i>100</i> <i>7667518</i> <i>42</i> </div>					
<p>Facility owner or operator: Certification of receipt of hazardous material covered by this manifest except as noted in the discrepancy indication space above. Note: TSDf must complete waste number. See instructions.</p>					
<p><i>Donna A. Smith</i> (Signature)</p>		<p>EPA ID NUMBER</p> <p>1111111111111111</p>	<p>MO.</p> <p>11</p>	<p>DAY</p> <p>11</p>	<p>YR.</p> <p>11</p>
<p>PRINTED OR TYPED FULL NAME AND SIGNATURE</p>					

HAZARDOUS MATERIALS MANAGEMENT
SECTION
744 P Street
Sacramento, CA 95814

UNIFORM HAZARDOUS WASTE MANIFEST

APR 12 1983

Plant Engineering
STATE ID NUMBER

8269574

(Please print or type with ELITE type (12 characters per inch).)

GENERATOR NAME AND MAILING ADDRESS Bendix Electrodynamics 11600 Sherman Way Van Hollywood, Ca., 91605 (213) 765-1010		MANIFEST DOCUMENT NUMBER EPA ID NUMBER C A D 0 0 8 3 2 5 3 3 4				
TRANSPORTER NO. 1 Liquid Waste Management		VEH./CONTAINER NO. 0 0 0 0 1 9 6 3	EPA ID NUMBER C A 9 0 0 0 0 7 2 8 4 3			
TRANSPORTER NO. 2/ALTERNATE TSD FACILITY EPC WESTSIDE DISPOSAL (805) 399-8087 HIGHWAY 33, FELLOWS, CA., 93301		EPA ID NUMBER C A T 0 8 0 0 1 0 2 8 3				
TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY BKK Landfill 2210 Azusa Ave. W. Covina, Ca. (213) 965-0916		EPA ID NUMBER C A D 0 6 7 7 8 6 7 4 9				
AREA CODE/PHONE NUMBER		AREA CODE/PHONE NUMBER				
PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS		UN/NA NUMBER	TOTAL QUANTITY	UNIT WT/VOL	CONTAINER NO.	WASTE CAT. NO.
HAZARDOUS LIQUID NOS ORM-E		U N 9 1 8 9	0 5 0 0 0	G	0 0 1 C T 1 1 2	
COMPONENTS		CONC. UPPER	RANGE LOWER	%	UNITS ppm	
CHROMIC ACID		353	72		188	
WATER 99%						
SPECIAL HANDLING INSTRUCTIONS GLOVES & GOGGLES						
This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA.						
PRINTED OR TYPED FULL NAME AND SIGNATURE		MO.	DAY	YR.		
<i>[Signature]</i>		0 3	2 2	8 3		
<input type="checkbox"/> CHECK IF CONTINUATION SHEET IS USED. NUMBER OF CONTINUATION SHEETS						
TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE MATERIALS		DATE REC'D & ACCEPTED				
<i>[Signature]</i>						
PRINTED OR TYPED FULL NAME AND SIGNATURE		MO.	DAY	YR.		
<i>[Signature]</i>						
TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE MATERIALS		DATE REC'D & ACCEPTED				
<i>[Signature]</i>						
PRINTED OR TYPED FULL NAME AND SIGNATURE		MO.	DAY	YR.		
<i>[Signature]</i>						
DISCREPANCY INDICATION SPACE						
Facility owner or operator: Certification of receipt of hazardous material covered by this manifest except as noted in the discrepancy indication space above. Note: TSD must complete waste number. See instructions.						
PRINTED OR TYPED FULL NAME AND SIGNATURE		EPA ID NUMBER	MO.	DAY	YR.	
<i>[Signature]</i>		5000/100	0 3	2 2	8 3	

Original—White—Disposer send to DHS; Green—Hauler; Yellow—Disposer; Pink—Generator

HAZARDOUS MATERIALS MANAGEMENT
SECTION
744 P Street
Sacramento, CA 95814

UNIFORM HAZARDOUS WASTE MANIFEST

APR 12 1983

(Please print or type with ELITE type (12 characters per inch).)

P.O. #8067-354593

Plant Engineering
STATE ID NUMBER

8269576

GENERATOR NAME AND MAILING ADDRESS

BENDIX CORP./ELECTRODYNAMICS DIVN.

11600 SHERMAN WAY

AREA CODE/PHONE NUMBER NO. HOLLYWOOD, CA., 91605 (213) 765-1010

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER

CA D 0 0 0 8 3 2 5 3 3 4

TRANSPORTER NO. 1

LIQUID WASTE MANAGEMENT

VEH./CONTAINER NO.

EPA ID NUMBER

0 0 0 0 1 9 6 3 CA D 0 0 0 0 7 2 8 4 3

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

EPC WESTSIDE DISPOSAL (805) 399-8087

HIGHWAY 33, FELLOWS, CA., 93301

CA T 0 8 0 0 1 0 2 8 3

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY

BKK LANDFILL

2210 AZUSA AVE.

AREA CODE/PHONE NUMBER W. COVINA, CA. (213) 965-0916

EPA ID NUMBER

CA D 0 6 7 7 8 6 7 4 9

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS

UN/NA
NUMBERTOTAL
QUANTITYUNIT
WT/VOLCONTAINER
NO. TYPEWASTE
CAT. NO.

HAZARDOUS LIQUID NOS

ORM-E

UN 9 1 8 9

0 2 6 0 0

G

0 0 1 C T

1 1 1 0 8

COMPONENTS

CONC.
UPPERRANGE
LOWERUNITS
% ppm(85 G.) (50 G)
CALCIUM NITRATE & CALCIUM CHLORIDE

1.5

.8

CHROMIC ACID

145
353

72

1085
188

WATER

(BALANCE)

79

79

SPECIAL HANDLING INSTRUCTIONS

GLOVES & GOGGLES

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PRINTED OR TYPED FULL NAME AND SIGNATURE

MO.

DAY

YR.

0 3

2 3

8 3

☐ CHECK IF CONTINUATION SHEET IS USED. NUMBER OF CONTINUATION SHEETS

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE MATERIALS

DATE REC'D & ACCEPTED

PRINTED OR TYPED FULL NAME AND SIGNATURE

MO.

DAY

YR.

0 3

2 3

8 3

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE MATERIALS

DATE REC'D & ACCEPTED

PRINTED OR TYPED FULL NAME AND SIGNATURE

MO.

DAY

YR.

DISCREPANCY INDICATION SPACE

Facility owner or operator: Certification of receipt of hazardous material covered by this manifest except as noted in the discrepancy indication space above. Note: TSDF must complete waste number. See instructions.

DATE REC'D & ACCEPTED

PRINTED OR TYPED FULL NAME AND SIGNATURE

EPA ID NUMBER

MO.

DAY

YR.

1 1 1 1 1 1 1 1 1 1

1 3

1 5

9 1

HAZARDOUS MATERIALS MANAGEMENT
SECTION
744 P Street
Sacramento, CA 95814

UNIFORM HAZARDOUS WASTE MANIFEST

W.O. #3668

(Please print or type with ELITE type (12 characters per inch).

P.O. #8067-356147

STATE ID NUMBER **8269580**

GENERATOR NAME AND MAILING ADDRESS

BENDIX CORP**11600 SHERMAN WAY, NO HOLLYWOOD, CA**AREA CODE/PHONE NUMBER **(213) 765-1010**

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER

CAD008325334

TRANSPORTER NO. 1

LIQUID WASTE MANAGEMENT**SUN VALLEY, CA 91352**

VEH./CONTAINER NO.

EPA ID NUMBER

000001963**CAD0000072843**

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY

BKK LANDFILL**2210 AZUSA AVE, W. COVINA, CA. (213)965-0916**

AREA CODE/PHONE NUMBER

EPA ID NUMBER

CAD067786749

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS

UN/NA
NUMBERTOTAL
QUANTITYUNIT
WT/VOLCONTAINER
NO. TYPEWASTE
CAT. NO.**SODIUM DICHROMATE****ORM-E****UN 1464****00125****G****001CT****111****CHROMIC****CORROSIVE****UN 1755****00060****G****001CT****111**

COMPONENTS

CONC.
UPPERRANGE
LOWERUNITS
% ppm**SODIUM DICHROMATE****6****%****CHROMIC****1****%****RECEIVED****JUN 10 1983**

SPECIAL HANDLING INSTRUCTIONS

GLOVES & GOGGLES**Plant Engineering**

This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA.

PRINTED OR TYPED FULL NAME AND SIGNATURE **WALTER J. SPECK**

MO.	DAY	YR.
05	12	83

☐ CHECK IF CONTINUATION SHEET IS USED. NUMBER OF CONTINUATION SHEETS _____

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE MATERIALS

DATE REC'D & ACCEPTED

PRINTED OR TYPED FULL NAME AND SIGNATURE **ALBERT KIMMER**

MO.	DAY	YR.
05	11	83

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE MATERIALS

DATE REC'D & ACCEPTED

PRINTED OR TYPED FULL NAME AND SIGNATURE

MO.	DAY	YR.

DISCREPANCY INDICATION SPACE

Facility owner or operator: Certification of receipt of hazardous material covered by this manifest except as noted in the discrepancy indication space above. Note: TSDF must complete waste number. See instructions.

DATE REC'D & ACCEPTED

PRINTED OR TYPED FULL NAME AND SIGNATURE

EPA ID NUMBER

MO.	DAY	YR.
05	13	83

Original—White—Disposer send to DHS; Green—Hauler; Yellow—Disposer; Pink—Generator

UNIFORM HAZARDOUS WASTE MANIFEST

P.O.#8067-358696

STATE ID NUMBER

83211378

Please print or type with ELITE type (12 characters per inch).

GENERATOR NAME AND MAILING ADDRESS

BENDIX CORP/ELECTRODYNAMICS
11600 SHERMAN WAY
NO. HOLLYWOOD, CA., 91605
AREA CODE/PHONE NUMBER (213) 765-1010

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER

CIA D 0 0 8 3 2 5 3 3 4

TRANSPORTER NO. 1

LIQUID WASTE MANAGEMENT
1369 W. 9th St.
UPLAND, CA., 91786
(800) 824-3345

VEH./CONTAINER NO.

EPA ID NUMBER

0 0 0 0 1 8 6 3

CIA T 0 8 0 0 3 4 1 8

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

VEH./CONTAINER NO.

EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY

BKK LANDFILL
2210 AZUSA
W. COVINA, CA.

AREA CODE/PHONE NUMBER (213) 965-0916

EPA ID NUMBER

CIA D 0 6 7 7 8 6 7 4 1

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS

UN/NA
NUMBER

TOTAL
QUANTITY

UNIT
WT/VOL

CONTAINER
NO. TYPE

WASTE
CAT. NO. DIS
MET

HYDROCHLORIC ACID SOLUTION N.O.S. LIQUID
CORROSIVE

U

N

1

7

8

9

0

0

0

7

5

G

0

0

1

T

C

1

1

2

0

3

0

0

0

0

COMPONENTS

CONC. RANGE
UPPER LOWER

UNITS
% PPM

HYDROCHLORIC

2

X

WATER

30% X

95%

SPECIAL HANDLING INSTRUCTIONS

GLOVES & GOGGLES

This is to certify that the above-named wastes are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable requirements of the Department of Transportation and the EPA.

MO.

DAY

YR.

Printed or typed full name and signature

WALTER J. SPECK

0 8

2 4

8 3

☐ Check if continuation sheet is used. Number of continuation sheets

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

DATE
REC'D
&
ACCEPTED

MO.

DAY

YR.

Printed or typed full name and signature

LARRY RAMERIZ

0 8

2 4

8 3

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

DATE
REC'D
&
ACCEPTED

MO.

DAY

YR.

Printed or typed full name and signature

DISCREPANCY INDICATION SPACE

Facility owner or operator: Certification of receipt of hazardous waste covered by this manifest except as noted in the discrepancy indication space above. Note: TSDF must complete waste number. See instructions.

EPA ID NUMBER

DATE RECEIVED & ACCEPTED

MO.

DAY

YR.

Printed or typed full name and signature

HAZARDOUS WASTE

MO.

DAY

YR.

HAZARDOUS MATERIALS MANAGEMENT
SECTION
744 P Street
Sacramento, CA 95814

UNIFORM HAZARDOUS WASTE MANIFEST

PERMIT #3-3054

(Please print or type with ELITE type (12 characters per inch).

P.O. #8067-357921

STATE ID NUMBER

8269586

GENERATOR NAME AND MAILING ADDRESS

BENDIX ELECTRODYNAMICS DIVN

11600 SHERMAN WAY

NO HOLLYWOOD, CA 91605 (213) 765-1010

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER

C A D 0 0 8 3 2 5 3 3 4

TRANSPORTER NO. 1

LIQUID WASTE MANAGEMENT

SUN VALLEY, CA., 91352 (213) 767-4424

VEH./CONTAINER NO.

EPA ID NUMBER

0 0 0 0 1 9 6 2

C A D 0 0 0 0 7 2 8 4 3

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY

BKK LANDFILL

2210 AZUSA

LA COVINA, CA NUMBER (213) 965-0916

EPA ID NUMBER

C A D 0 6 7 7 8 6 7 4 9

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS

UN/NA
NUMBERTOTAL
QUANTITYUNIT
WT/VOLCONTAINER
NO. TYPEWASTE
CAT. NO.

HYDROFLUORIC ACID -CORROSIVE

UN 1 7 9 0 0 0 0 2 0

G

0 0 1 T C

1 1 2

NITRIC

UN 2 0 3 1 0 0 0

G

0 0 1 T C

1 1 2

COMPONENTS

CONC.
UPPERRANGE
LOWERUNITS
ppm

HYDROFLUORIC ACID

25

X

NITRIC

75

X

WATER NEUTRALIZED WITH CALCIUM HYDROXIDE

R E C E I V E D

SPECIAL HANDLING INSTRUCTIONS

AUG 26 1983

Plant Engineering

GLOVES & GOGGLES

This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA.

PRINTED OR TYPED FULL NAME AND SIGNATURE

WALTER SPECK

MO.

DAY

YR.

0 8

0 3

8 3

☐ CHECK IF CONTINUATION SHEET IS USED. NUMBER OF CONTINUATION SHEETS

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE MATERIALS

DATE REC'D & ACCEPTED

PRINTED OR TYPED FULL NAME AND SIGNATURE

ALBERT RAMIREZ

MO.

DAY

YR.

0 8

0 3

8 3

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE MATERIALS

DATE REC'D & ACCEPTED

PRINTED OR TYPED FULL NAME AND SIGNATURE

MO.

DAY

YR.

DISCREPANCY INDICATION SPACE

Facility owner or operator: Certification of receipt of hazardous material covered by this manifest except as noted in the discrepancy indication space above. Note: TSD must complete waste number. See instructions.

DATE REC'D & ACCEPTED

PRINTED OR TYPED FULL NAME AND SIGNATURE

EPA ID NUMBER

MO.

DAY

YR.

0 1 1 0 1 7 8 6 1 4

0 8

0 4

8 3

1982 MANIFESTS

PRESS HARD

CALIFORNIA HAZARDOUS WASTE MANIFEST
STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P STREET, SACRAMENTO, CA 95814

363 - 02284
02528

GENERATOR (GENERATOR MUST COMPLETE)		DESIGNATED TSD FACILITY		ALTERNATE TSD FACILITY	
② NAME <u>BENDIX CORP.</u>		(AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)			
EPA NO. <u>CH0000323334</u>	NAME <u>PIRK LAND FILL</u>	NAME _____			
ADDRESS <u>11600 SHERMAN WAY</u>	EPA NO. <u>CH0000702777</u>	EPA NO. _____			
CITY, STATE, ZIP CODE <u>N. HOLLYWOOD, CALIF 91605</u>	ADDRESS <u>2210 HAZUSH AVE</u>	ADDRESS _____			
PHONE NO. <u>765-1010</u>	CITY, STATE, ZIP CODE <u>W. COVINA CALIF</u>	CITY, STATE, ZIP CODE _____			
ORDER PLACED BY <u>W.D. SPEER</u>	PHONE NO. <u>565-0716</u>	PHONE NO. _____			
P.O. CONTRACT NO. <u>5063-253202</u>	DATE <u>3-2-82</u>				

④ U. S. DOT PROPER SHIPPING NAME	U. S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS: NUMBER
WASTE <u>OIL & WATER</u>	<u>NONE</u>		<u>3,500</u>	<u>GAL</u>	<input type="checkbox"/> DRUMS <input type="checkbox"/> BAGS <input type="checkbox"/> CARTONS <input type="checkbox"/> DUMP TRUCK
WASTE					<input checked="" type="checkbox"/> TANK TRUCK <input type="checkbox"/> OTHER

⑥ WASTE CATEGORY <u>OIL & WATER</u>		⑦ EX. HAZ. WASTE PERMIT NO. <u>NONE</u>		⑧ GENERATING PROCESS <u>MACHINE WORK</u>	
⑨ LIST COMPONENTS:		CONC. RANGE		UNITS	
		UPPER LOWER			
A					
B					
C					
D					
⑩ WASTE PROPERTIES:		PH <u>8</u>			
		<input type="checkbox"/> TOXIC <input type="checkbox"/> FLAMMABLE <input type="checkbox"/> CORROSIVE/IRRITANT <input type="checkbox"/> REACTIVE <input type="checkbox"/> SENSITIZER <input type="checkbox"/> CARCINOGEN/MUTAGEN			
⑪ PHYSICAL STATE		<input type="checkbox"/> SOLID <input checked="" type="checkbox"/> LIQUID <input type="checkbox"/> SLUDGE <input type="checkbox"/> SLURRY <input type="checkbox"/> GAS <input type="checkbox"/> OTHER			
⑫ SPECIAL HANDLING INSTRUCTIONS:		<input checked="" type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> OTHER			

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL RESPONSE CENTER, U. S. COAST GUARD 1-800-424-8802.	⑬ <u>Walter A. ...</u> SIGNATURE OF AUTHORIZED AGENT & TITLE	⑭ <u>3-3-82</u> DATE SHIPPED
---	---	---------------------------------

TRANSPORTER (HAULER MUST COMPLETE)		JOB NO. <u>02518</u>		⑮ PICK-UP DATE <u>3-3-82</u>	
⑯ NAME <u>LIQUID WASTE MANAGEMENT</u>		UNIT NO. _____		TIME _____ <input type="checkbox"/> AM <input type="checkbox"/> PM	
EPA NO. <u>CAD0000072843</u>					
ADDRESS <u>P.O. BOX 1082</u>					
CITY, STATE, ZIP CODE <u>SUN VALLEY, CALIFORNIA 91352</u>					
PHONE NO. <u>(213) 767-4424</u>					
		⑯ <u>Walter A. ...</u> SIGNATURE OF AUTHORIZED AGENT & TITLE			

TSD FACILITY (OPERATOR MUST COMPLETE)		⑰ QUANTITY (IF MEASURED) <u>1314</u>		⑱ HANDLING OR DISPOSAL METHOD:	
⑰ NAME <u>PIRK LAND FILL</u>		⑱ STATE FEE (IF ANY) \$ <u>13.14</u>		<input type="checkbox"/> SURFACE IMPOUNDMENT <input checked="" type="checkbox"/> LANDFILL	
EPA NO. <u>CH0000702777</u>				<input type="checkbox"/> INJECTION WELL <input type="checkbox"/> LAND TREATMENT	
⑲ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT				<input type="checkbox"/> TREATMENT (SPECIFY)	
⑳ IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY.				<input type="checkbox"/> RECOVERY OR REUSE <input type="checkbox"/> STORAGE/TRANSFER	
NAME _____					
EPA NO. _____			⑳ <u>Walter A. ...</u> SIGNATURE OF AUTHORIZED AGENT & TITLE		㉑ <u>3/4/82</u> DATE ACCEPTED

DATE ACCEPTED _____

SEE REVERSE SIDES FOR INSTRUCTIONS. PLEASE TYPE OR PRINT CLEARLY.

PRESS HARD

CALIFORNIA HAZARDOUS WASTE MANIFEST

STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P STREET, SACRAMENTO, CA 95814

363 - 002900 ✓

03229

GENERATOR (GENERATOR MUST COMPLETE)

① NAME BLIND CORP
EPA NO. 0110008325334
ADDRESS 11600 SHERMAN WAY
CITY, STATE, ZIP CODE NO. HOLLYWOOD, CA. 91605
PHONE NO. (213) 765-1010
ORDER PLACED BY W.D. SPECK ORDER DATE 9-10-82
P.O. BOX 5067-253102
CONTRACT NO. 5067-253102

③ DESIGNATED TSD FACILITY

(AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)

NAME BKK LANDFILL
EPA NO. CAD067786749
ADDRESS 2210 HZUSA AVE
CITY, STATE, ZIP CODE W. COVINA CAL 91709
PHONE NO. 965-0916

④ ALTERNATE TSD FACILITY

NAME _____
EPA NO. _____
ADDRESS _____
CITY, STATE, ZIP CODE _____
PHONE NO. _____

⑤ U. S. DOT PROPER SHIPPING NAME	U. S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS: NUMBER
WASTE <u>NITRIC ACID</u>	<u>CORROSIVE</u>	<u>1760</u>	<u>32</u>	<u>GAL</u>	<input type="checkbox"/> DRUMS <input type="checkbox"/> BAGS <input type="checkbox"/> CARTONS <input type="checkbox"/> DUMP TRUCK
WASTE <u>CHROMIC ACID</u>	<u>CORROSIVE</u>	<u>1755</u>	<u>5000</u>	<u>GAL</u>	<input checked="" type="checkbox"/> TANK TRUCK <input type="checkbox"/> OTHER

⑥ WASTE CATEGORY 2 ⑦ EX. HAZ. WASTE PERMIT NO. _____ ⑧ GENERATING PROCESS PLATING

⑨ LIST COMPONENTS: CONC. RANGE UNITS
A NITRIC ACID UPPER LOWER 2 % PPM E _____
B CHROMIC ACID 35 % PPM F _____
C LIQUID 220 GAL 30 % PPM G _____
D _____ PPM

⑩ WASTE PROPERTIES: PH _____ TOXIC ☐ FLAMMABLE ☐ CORROSIVE/IRRITANT ☒ REACTIVE ☐ SENSITIZER ☐ CARCINOGEN/MUTAGEN

⑪ PHYSICAL STATE: ☐ SOLID ☒ LIQUID ☐ SLUDGE ☐ SLURRY ☐ GAS ☐ OTHER _____

⑫ SPECIAL HANDLING INSTRUCTIONS: ☒ GLOVES ☒ GOGGLES ☐ RESPIRATOR ☐ OTHER _____

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL RESPONSE CENTER, U. S. COAST GUARD 1-800-424-8802.

⑬ Walter Suberato SIGNATURE OF AUTHORIZED AGENT & TITLE

9-15-82 DATE SHIPPED

TRANSPORTER (HAULER MUST COMPLETE)

⑭ NAME LIQUID WASTE MANAGEMENT
EPA NO. CAD0000072843
ADDRESS P.O. BOX 1082
CITY, STATE, ZIP CODE SUN VALLEY, CALIFORNIA 91350
PHONE NO. (213) 767-4424

JOB NO. 3229
UNIT NO. 9

⑮ PICK-UP DATE 9/13/82
TIME 9:55 ☒ AM ☐ PM

⑯

al R... DRIVER
SIGNATURE OF AUTHORIZED AGENT & TITLE

TSD FACILITY (OPERATOR MUST COMPLETE)

⑰ NAME _____
EPA NO. 0110008325334
⑱ QUANTITY (IF MEASURED) 23.14
⑲ STATE FEE (IF ANY) \$72.56
⑳ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT NA = PH =
㉑ IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY

⑳ HANDLING OR DISPOSAL METHOD:
☐ SURFACE IMPOUNDMENT ☒ LANDFILL
☐ INJECTION WELL ☐ LAND TREATMENT
☐ TREATMENT (SPECIFY) _____
☐ RECOVERY OR REUSE ☐ STORAGE/TRANSFER

NAME _____
EPA NO. _____
REVISED 11/80

㉒

al R...
SIGNATURE OF AUTHORIZED AGENT & TITLE

7/1/82 DATE ACCEPTED

SEE REVERSE SIDES FOR
INSTRUCTIONS. PLEASE TYPE
OR PRINT CLEARLY.

CALIFORNIA HAZARDOUS WASTE MANIFEST
STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
784 P STREET, SACRAMENTO, CA 95814

363-001541

PRESS HARD

GENERATOR (GENERATOR MUST COMPLETE)		DESIGNATED TSD FACILITY		ALTERNATE TSD FACILITY	
NAME: BENDIX CORP.		NAME: BKK LANDFILL		NAME: []	
EPA NO: 000008325		EPA NO: 000007186749		EPA NO: []	
ADDRESS: 11600 SHERMAN WAY		ADDRESS: 2210 AZUSA AVE		ADDRESS: []	
CITY, STATE, ZIP CODE: NO. HOLLYWOOD, CA 91505		CITY, STATE, ZIP CODE: W. COMPTON, CA 90221		CITY, STATE, ZIP CODE: []	
PHONE NO: (213) 765-1010 x332		PHONE NO: 564-0976		PHONE NO: []	
ORDER PLACED BY: W.J. STEPHENSON		CONTACT NO: 8078-158		CONTACT NO: []	

U.S. DOT PROPER SHIPPING NAME: Oil & Water	U.S. DOT HAZARD CLASS: none	UN/NA I.D. NO: []	WEIGHT OR VOLUME: 3500 gal	UNITS: []	CONTAINERS: NUMBER: []
WASTE: []	WASTE: []	DRUMS: []	TANK TRUCK: []	BAGS: []	CARTONS: []
WASTE: []	WASTE: []	OTHER: []	OTHER: []	OTHER: []	OTHER: []

WASTE CATEGORY: Oil & Water	EX. HAZ. WASTE PERMIT NO: none	GENERATING PROCESS: []
1st COMPONENTS: []	CONC. RANGE: []	UNITS: []
2nd COMPONENTS: []	CONC. RANGE: []	UNITS: []
3rd COMPONENTS: []	CONC. RANGE: []	UNITS: []
WASTE PROPERTIES: []	NONHAZARDOUS MATERIAL: []	OTHER: []
PHYSICAL STATE: []	OTHER: []	OTHER: []
SPECIAL HANDLING INSTRUCTIONS: []	OTHER: []	OTHER: []

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL RESPONSE CENTER, U. S. COAST GUARD 1-800-424-8802.

SIGNATURE OF AUTHORIZED AGENT & TITLE: W.J. Stephenston
DATE SHIPPED: 1-12-82

TRANSPORTER (HAULER MUST COMPLETE)		JOB NO: 0913		PICK-UP DATE: 1-12-82	
NAME: LIQUID WASTE MANAGEMENT		UNIT NO: 25		TIME: [] AM [] PM	
EPA NO: 0000000726		ADDRESS: P.O. BOX 1082		CITY, STATE, ZIP CODE: SUN VALLEY, CALIFORNIA 91352	
PHONE NO: (213) 767-4424		SIGNATURE OF AUTHORIZED AGENT & TITLE: []		DATE ACCEPTED: []	

TSD FACILITY (OPERATOR MUST COMPLETE)		QUANTITY MEASURED: 14.11		HANDLING OR DISPOSAL METHOD: []	
NAME: BKK		STATE FEE: []		SURFACE IMPOUNDMENT: []	
EPA NO: 000007186749		ADDRESS: []		INJECTION WELL: []	
INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT: []		TREATMENT (SPECIFY): []		LAND TREATMENT: []	
IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY: []		RECOVERY OR REUSE: []		STORAGE/TRANSFER: []	
NAME: []		SIGNATURE OF AUTHORIZED AGENT & TITLE: []		DATE ACCEPTED: 1-12-82	

SEE REVERSE SIDES FOR INSTRUCTIONS. PLEASE TYPE OR PRINT CLEARLY.

PRESS HARD

CALIFORNIA HAZARDOUS WASTE MANIFEST
STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P STREET, SACRAMENTO, CA 95814

363001964

1084
must have 9 digits

GENERATOR (GENERATOR MUST COMPLETE)

③ DESIGNATED TSD FACILITY

④ ALTERNATE TSD FACILITY

② NAME BEHNDI CORP
EPA NO. CAD000325524
ADDRESS 11600 SHERMAN WAY
CITY, STATE, ZIP CODE N. HOLLYWOOD, CALIF
PHONE NO. 765-4410
ORDER PLACED BY WESPECK ORDER DATE 2-12
P.O. CONTRACT NO. 50278-158891

NAME EMIT LANDFILL
EPA NO. CAD0067786749
ADDRESS 2310 HILSON AVE
CITY, STATE, ZIP CODE W. COVINA, CALIF
PHONE NO. 567-0916

NAME _____
EPA NO. _____
ADDRESS _____
CITY, STATE, ZIP CODE _____
PHONE NO. _____

③ U. S. DOT PROPER SHIPPING NAME	U. S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS: NUMBER
WASTE <u>Oil & Water</u>	<u>none</u>		<u>3500</u>	<u>gal</u>	<input checked="" type="checkbox"/> DRUMS <input type="checkbox"/> BAGS <input type="checkbox"/> CARTONS <input type="checkbox"/> DUMP TRUCK
WASTE					<input checked="" type="checkbox"/> TANK TRUCK <input type="checkbox"/> OTHER

⑥ WASTE CATEGORY Oil & Water
⑦ EX. HAZ. WASTE PERMIT NO. none
⑧ GENERATING PROCESS machinery
⑨ LIST COMPONENTS: _____
A _____
B _____
C _____
D _____
⑩ WASTE PROPERTIES: PH 8 ☐ TOXIC ☐ FLAMMABLE ☐ CORROSIVE/IRRITANT ☐ REACTIVE ☐ SENSITIZER ☐ CARCINOGEN/MUTAGEN
⑪ PHYSICAL STATE ☐ SOLID ☒ LIQUID ☐ SLUDGE ☐ SLURRY ☐ GAS ☐ OTHER
⑫ SPECIAL HANDLING INSTRUCTIONS: ☒ GLOVES ☐ GOGGLES ☐ RESPIRATOR ☐ OTHER

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE-NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.
IN THE EVENT OF A SPILL CONTACT THE NATIONAL RESPONSE CENTER, U. S. COAST GUARD 1-800-424-8802.
⑬ W. Hoar SIGNATURE OF AUTHORIZED AGENT & TITLE
DATE SHIPPED 2-13-80

TRANSPORTER (HAULER MUST COMPLETE)

⑭ NAME LIQUID WASTE MANAGEMENT
EPA NO. CAD0000072843
ADDRESS P.O. BOX 1082
CITY, STATE, ZIP CODE SUN VALLEY, CALIFORNIA 91352
PHONE NO. (213) 767-4424

JOB NO. 1084
UNIT NO. _____
⑮ PICK-UP DATE 7-2-19
TIME _____ AM _____ PM
⑯ W. Hoar SIGNATURE OF AUTHORIZED AGENT & TITLE

TSD FACILITY (OPERATOR MUST COMPLETE)

⑰ NAME EMIT
EPA NO. CAD0067786749
⑱ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT

⑲ QUANTITY (IF MEASURED) 17.77
⑳ STATE FEE (IF ANY) \$ 17.77

㉑ HANDLING OR DISPOSAL METHOD:
☐ SURFACE IMPOUNDMENT ☒ LANDFILL
☐ INJECTION WELL ☐ LAND TREATMENT
☐ TREATMENT (SPECIFY) _____
☐ RECOVERY OR REUSE ☐ STORAGE/TRANSFER

㉒ IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY
NAME _____
EPA NO. _____
REVISD 11/80
⑳ W. Hoar SIGNATURE OF AUTHORIZED AGENT & TITLE
DATE ACCEPTED 2-15-80

SEE REVERSE SIDES FOR
INSTRUCTIONS. PLEASE TYPE
OR PRINT CLEARLY.

PRESS HARD

CALIFORNIA HAZARDOUS WASTE MANIFEST
STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P STREET, SACRAMENTO, CA 95814

363 -

0888

GENERATOR (GENERATOR MUST COMPLETE)

DESIGNATED TSD FACILITY

ALTERNATE TSD FACILITY

② NAME READIX CORP.
EPA NO. 40000000000000000000
ADDRESS 11600 SHERMAN WAY
CITY, STATE, ZIP CODE W. HULLWOOD, CALIF 91605
PHONE NO. 765-1010
ORDER PLACED BY W.D. SPECK ORDER DATE 1-22
P.O. CONTRACT NO. 8078-158891

NAME READIX CORP.
EPA NO. 40000000000000000000
ADDRESS 2210 AZUSA AVE
CITY, STATE, ZIP CODE W. COVINA CALIF
PHONE NO. 564-0916

NAME _____
EPA NO. _____
ADDRESS _____
CITY, STATE, ZIP CODE _____
PHONE NO. _____

③ U. S. DOT PROPER SHIPPING NAME	U. S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS: NUMBER
WASTE <u>Oil & Water</u>	<u>none</u>		<u>3500</u>	<u>gal</u>	
WASTE					

⑥ WASTE CATEGORY Oil & Water ⑦ EX. HAZ. WASTE PERMIT NO. none ⑧ GENERATING PROCESS Machinework
⑨ LIST COMPONENTS: _____
A _____ B _____ C _____ D _____
WASTE PROPERTIES: PH 8 TOXIC ☐ FLAMMABLE ☐ CORROSIVE/IRRITANT ☐ REACTIVE ☐ SENSITIZER ☐ CARCINOGEN/MUTAGEN ☐
PHYSICAL STATE: SOLID ☐ LIQUID ☒ SLUDGE ☐ SLURRY ☐ GAS ☐ OTHER ☐
SPECIAL HANDLING INSTRUCTIONS: ☒ GLOVES ☐ GOGGLES ☐ RESPIRATOR ☐ OTHER _____

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.
IN THE EVENT OF A SPILL CONTACT THE NATIONAL RESPONSE CENTER, U. S. COAST GUARD 1-800-424-8802.
⑩ W.D. Speck - Supervisor Skilled Trade 1-22-80
SIGNATURE OF AUTHORIZED AGENT & TITLE DATE SHIPPED

TRANSPORTER (HAULER MUST COMPLETE)

⑫ NAME LIQUID WASTE MANAGEMENT
EPA NO. CAD0000072843
ADDRESS P.O. BOX 1082
CITY, STATE, ZIP CODE SUN VALLEY, CALIFORNIA 91352
PHONE NO. (213) 767-4424

JOB NO. 0888 ⑬ PICK-UP DATE 1-22-80
UNIT NO. 2 TIME ☒ AM ☐ PM
⑭ David H. [Signature]
SIGNATURE OF AUTHORIZED AGENT & TITLE

TSD FACILITY (OPERATOR MUST COMPLETE)

① NAME LSKX
EPA NO. 02000000000000000000
② INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT _____
③ IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY: _____
NAME _____
EPA NO. _____
REVISED 11/80

④ QUANTITY (IF MEASURED) 13.40 ⑤ HANDLING OR DISPOSAL METHOD:
⑥ STATE FEE (IF ANY) \$ 13.40 ☐ SURFACE IMPOUNDMENT ☒ LANDFILL
☐ INJECTION WELL ☐ LAND TREATMENT
☐ TREATMENT (SPECIFY) _____
☐ RECOVERY OR REUSE ☐ STORAGE/TRANSFER
⑦ R. Sager (60) 1-25-80
SIGNATURE OF AUTHORIZED AGENT & TITLE DATE ACCEPTED

SEE REVERSE SIDES FOR
INSTRUCTIONS. PLEASE TYPE
OR PRINT CLEARLY.

PRESS HARD

CALIFORNIA HAZARDOUS WASTE MANIFEST

STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P STREET, SACRAMENTO, CA 95814

363-002287

03157

GENERATOR (GENERATOR MUST COMPLETE)

① NAME **BENDIX CORP.**
EPA NO. **CAD008325334**
ADDRESS **11600 SHERMAN WAY**
CITY, STATE, ZIP CODE **NO HOLLYWOOD, CA, 91605**
PHONE NO. **(213) 765-1010**
ORDER PLACED BY **W.J. SPECK**
P.O. CONTRACT NO. **8067-257183**

③ DESIGNATED TSD FACILITY

(AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)
NAME **BKK LANDFILL**
EPA NO. **CA0067786777**
ADDRESS **2210 AZUSA AVE**
CITY, STATE, ZIP CODE **W. COVINA, CAL**
PHONE NO. **965-0916**

④ ALTERNATE TSD FACILITY

NAME
EPA NO.
ADDRESS
CITY, STATE, ZIP CODE
PHONE NO.

② U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS: NUMBER
WASTE SULFURIC ACID	CORROSIVE	1832	30	GAL	<input type="checkbox"/> DRUMS <input type="checkbox"/> BAGS <input type="checkbox"/> CARTONS <input type="checkbox"/> DUMP TRUCK
WASTE CHROMIC ACID	CORROSIVE	1755	140	GAL	<input checked="" type="checkbox"/> TANK TRUCK <input type="checkbox"/> OTHER

⑤ WASTE CATEGORY **CORROSIVE** ⑥ EX HAZ WASTE PERMIT NO. **200** ⑦ GENERATING PROCESS **PLATING SH**
⑧ LIST COMPONENTS
A **SULFURIC ACID** 13 % PPM E
B **CHROMIC ACID** 7 % PPM F
C **CAUSTIC SODA** 6 % PPM G
NONHAZARDOUS MATERIAL
⑨ WASTE PROPERTIES PH **3** ☐ TOXIC ☐ FLAMMABLE ☒ CORROSIVE/IRRITANT ☐ REACTIVE ☐ SENSITIZER ☐ CARCINOGEN/MUTAGEN
⑩ PHYSICAL STATE ☐ SOLID ☒ LIQUID ☐ PASTE ☐ SLURRY ☐ GAS ☐ OTHER
⑪ SPECIAL HANDLING INSTRUCTIONS ☒ GLOVES ☐ GOGGLES ☐ RESPIRATOR ☐ OTHER

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL
RESPONSE CENTER, U. S. COAST GUARD 1-800-424-8807

⑫ **W. J. Speck** **Superior Spills**
SIGNATURE OF AUTHORIZED AGENT & TITLE

8-24-82
DATE SHIPPED

TRANSPORTER (HAULER MUST COMPLETE)

⑬ NAME **LIQUID WASTE MANAGEMENT**
EPA NO. **CAD0000072843**
ADDRESS **P.O. BOX 1082**
CITY, STATE, ZIP CODE **SUN VALLEY, CALIFORNIA 91352**
PHONE NO. **(213) 767-4424**

JOB NO. **03157**
UNIT NO. **4**

⑭ PICK-UP DATE **8/24/82**
TIME **11:00** ☒ AM ☐ PM

⑮ **at Kman Driver**
SIGNATURE OF AUTHORIZED AGENT & TITLE

TSD FACILITY (GENERATOR MUST COMPLETE)

⑯ NAME **BKK** ⑰ QUANTITY MEASURED **See 1741**
EPA NO. **CA0067786777** ⑱ STATE FEE (IF ANY) **\$**
⑲ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT

⑳ IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY

NAME
EPA NO.
REVISED 11/80

⑳ HANDLING OR DISPOSAL METHOD:
☐ SURFACE IMPOUNDMENT ☒ LANDFILL
☐ INJECTION WELL ☐ LAND TREATMENT
☐ TREATMENT (SPECIFY)
☐ RECOVERY OR REUSE ☐ STORAGE/TRANSFER

㉑ **P. Sauer** **CEO**
SIGNATURE OF AUTHORIZED AGENT & TITLE

8-26-82
DATE ACCEPTED

CALIFORNIA HAZARDOUS WASTE MANIFEST
STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P STREET, SACRAMENTO, CA 95814

363 **002003**
03561

PRESS HARD

GENERATOR (GENERATOR MUST COMPLETE)

② NAME **BENDIX CORP.** ③ DESIGNATED TSD FACILITY
(AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)

EPA NO. **CAD0008325334** NAME **RKF-LANDFILL**
ADDRESS **11600 SHERMAN WAY** EPA NO. **CAD0007286747**
CITY, STATE, ZIP CODE **NO HOLLYWOOD, CA., 91605** ADDRESS **2210 AZUSA AVE**
PHONE NO. **(213) 765-1010** CITY, STATE, ZIP CODE **W. COVINA, CAL.**
ORDER PLACED BY **W.D. SPECK** ORDER DATE **8-4-82** PHONE NO. **965-0916**
P.O. CONTRACT NO. **2067-251988**

④ ALTERNATE TSD FACILITY

⑤ U. S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS: NUMBER
WASTE SODIUM CYANIDE SOLUTION	6.1	1935	143	GAL.	<input type="checkbox"/> DRUMS <input type="checkbox"/> BAGS <input type="checkbox"/> CARTONS <input type="checkbox"/> DUMP TRUCK
WASTE WATER	NONHAZ	NONHAZ	1200	GAL.	<input checked="" type="checkbox"/> TANK TRUCK <input type="checkbox"/> OTHER

⑥ WASTE CATEGORY **SODIUM CYANIDE + WATER** ⑦ EX. HAZ. WASTE PERMIT NO. **3-2672** ⑧ GENERATING PROCESS **PLATING**

⑨ LIST COMPONENTS:

	CONC. RANGE	UNITS	PPM	PPM	PPM	PPM	CONC. RANGE	UNITS	PPM	PPM	PPM
	UPPER	LOWER					UPPER	LOWER			
A SODIUM CYANIDE	143 GALS	1200 GALS	10.1								
B WATER											
C											
D											

⑩ WASTE PROPERTIES: PH ☐ SOLID ☒ LIQUID ☐ SLUDGE ☐ SLURRY ☐ GAS ☐ OTHER ☐ NONHAZARDOUS MATERIAL ☐

⑪ PHYSICAL STATE: ☐ SOLID ☒ LIQUID ☐ SLUDGE ☐ SLURRY ☐ GAS ☐ OTHER ☐ NONHAZARDOUS MATERIAL ☐

⑫ SPECIAL HANDLING INSTRUCTIONS: ☒ GLOVES ☒ GOGGLES ☐ RESPIRATOR ☐ OTHER

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL RESPONSE CENTER, U. S. COAST GUARD 1-800-424-8802.

SIGNATURE OF AUTHORIZED AGENT & TITLE **[Signature]** DATE SHIPPED **8-11-82**

TRANSPORTER (HAULER MUST COMPLETE)

⑭ NAME **LIQUID WASTE MANAGEMENT** JOB NO. **3561** ⑮ PICK-UP DATE **8/11/82**
EPA NO. **CAD0000072843** UNIT NO. **9** TIME **10:45** ☒ AM ☐ PM
ADDRESS **P.O. BOX 1082**
CITY, STATE, ZIP CODE **SUN VALLEY, CALIFORNIA 91352**
PHONE NO. **(213) 767-4424**

SIGNATURE OF AUTHORIZED AGENT & TITLE **[Signature]**

TSD FACILITY (OPERATOR MUST COMPLETE)

⑰ NAME **WIRE** ⑱ QUANTITY (IF MEASURED) **4.77** ⑲ HANDLING OR DISPOSAL METHOD:
EPA NO. **000000000000000000** ⑳ STATE FEE (IF ANY) \$ **19.88** ☐ SURFACE IMPOUNDMENT ☒ LANDFILL
②① INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT ☐ INJECTION WELL ☐ LAND TREATMENT
②② IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY: ☐ TREATMENT (SPECIFY) ☐ STORAGE/TRANSFER
NAME **[Signature]** ☐ RECOVERY OR REUSE
EPA NO. **[Signature]** **60+** **8-11-82**
REVISID 11/80 SIGNATURE OF AUTHORIZED AGENT & TITLE DATE ACCEPTED

SEE REVERSE SIDES FOR INSTRUCTIONS. PLEASE TYPE OR PRINT CLEARLY.

PRESS HARD

3584

CALIFORNIA HAZARDOUS WASTE MANIFEST
STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P STREET, SACRAMENTO, CA 95814

363 - 02073
02800

GENERATOR (GENERATOR MUST COMPLETE)

DESIGNATED TSD FACILITY

ALTERNATE TSD FACILITY

(AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)

② NAME BENDIX CORP.
EPA NO. CAD0008325334
ADDRESS 11600 SHERMAN WAY
CITY, STATE, ZIP CODE NO HOLLYWOOD, CA, 91605
PHONE NO. (213) 765-1010
ORDER PLACED BY W.J. SPECK
CONTRACT NO. 5013-255124

NAME KKK LANDFILL
EPA NO. CAD0067236749
ADDRESS 2210 W. HAZARD AVE
CITY, STATE, ZIP CODE W. COVINA, CA 91701
PHONE NO. 565-0716

NAME _____
EPA NO. _____
ADDRESS _____
CITY, STATE, ZIP CODE _____
PHONE NO. _____

ORDER DATE 5-14-82

③ U. S. DOT PROPER SHIPPING NAME	U. S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS: NUMBER	DUMP TRUCK
WASTE <u>MURATIC ACID</u>	<u>8</u>	<u>1789</u>	<u>55</u>	<u>gals</u>	<u>DRUMS</u>	<input type="checkbox"/>
WASTE					<u>TANK TRUCK</u>	<input type="checkbox"/>
					<u>BAGS</u>	<input type="checkbox"/>
					<u>CARTONS</u>	<input type="checkbox"/>
					<u>OTHER</u>	<input type="checkbox"/>

④ WASTE CATEGORY (2)
⑤ LIST COMPONENTS:
A MURATIC ACID CONC. RANGE 50 UPPER LOWER
B _____
C _____
D _____
⑥ EX. HAZ. WASTE PERMIT NO. _____
⑦ GENERATING PROCESS PLATING
CONC. RANGE UPPER LOWER UNITS
E _____
F _____
G _____
NONHAZARDOUS MATERIAL _____ %
⑧ WASTE PROPERTIES: PH -1 TOXIC ☐ FLAMMABLE ☐ CORROSIVE/IRRITANT ☒ REACTIVE ☐ SENSITIZER ☐ CARCINOGEN/MUTAGEN ☐
⑨ PHYSICAL STATE: SOLID ☐ LIQUID ☒ SLUDGE ☐ SLURRY ☐ GAS ☐ OTHER ☐
⑩ SPECIAL HANDLING INSTRUCTIONS: GLOVES ☒ GOGGLES ☒ RESPIRATOR ☐ OTHER _____

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL RESPONSE CENTER, U. S. COAST GUARD 1-800-424-8802.

SIGNATURE OF AUTHORIZED AGENT & TITLE

DATE SHIPPED

TRANSPORTER (HAULER MUST COMPLETE)

⑫ NAME LIQUID WASTE MANAGEMENT
EPA NO. CAD0000072843
ADDRESS P.O. BOX 1082
CITY, STATE, ZIP CODE SUN VALLEY, CALIFORNIA 91352
PHONE NO. (213) 767-4424

JOB NO. 2000
UNIT NO. 12

⑬ PICK-UP DATE 02800
TIME 1000 ☒ AM ☐ PM

SIGNATURE OF AUTHORIZED AGENT & TITLE

TSD FACILITY (OPERATOR MUST COMPLETE)

⑭ NAME KKK
EPA NO. CAD0067236749
⑮ QUANTITY (IF MEASURED) _____
⑯ STATE FEE (IF ANY) \$ _____
⑰ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT _____
⑱ IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY:
NAME _____
EPA NO. _____
REVISED 11/80

⑲ HANDLING OR DISPOSAL METHOD:
☐ SURFACE IMPOUNDMENT ☒ LANDFILL
☐ INJECTION WELL ☐ LAND TREATMENT
☐ TREATMENT (SPECIFY) _____
☐ RECOVERY OR REUSE ☐ STORAGE/TRANSFER
⑳ SIGNATURE OF AUTHORIZED AGENT & TITLE 60
DATE ACCEPTED 6-25-82

SEE REVERSE SIDES FOR
INSTRUCTIONS. PLEASE TYPE
OR PRINT CLEARLY.

PRESS HARD

CALIFORNIA HAZARDOUS WASTE MANIFEST

STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P STREET, SACRAMENTO, CA 95814

363-15711

GENERATOR

(GENERATOR MUST COMPLETE)

② NAME _____
EPA NO. 000000000000000000
ADDRESS SUN VALLEY WY
CITY, STATE, ZIP CODE SUN VALLEY CA
PHONE NO. 767-4424
ORDER PLACED BY M. H. MEH ORDER DATE 5/17/92
P.O. CONTRACT NO. 2-2572

③ DESIGNATED TSD FACILITY

(AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)

NAME BUM
EPA NO. 000000000000000000
ADDRESS 2210 AZUSA AVE
CITY, STATE, ZIP CODE WILCOVINA CA
PHONE NO. 965-0916

④ ALTERNATE TSD FACILITY

NAME MTV ROAD
EPA NO. 000000000000000000
ADDRESS MTV ROAD
CITY, STATE, ZIP CODE SUN VALLEY CA
PHONE NO. 767-4424

⑤ U. S. DOT PROPER SHIPPING NAME

WASTE INFLAMMABLE ACID
WASTE INFLAMMABLE SOLID

U. S. DOT HAZARD CLASS

2.1

UN/NA I.D. NO.

1932

WEIGHT OR VOLUME

210

UNITS

GA

CONTAINERS, NUMBER

1

DRUMS

BAGS

CARTONS

DUMP TRUCK

OTHER

⑥ WASTE CATEGORY 2 + 5

⑦ LIST COMPONENTS:

A INFLAMMABLE ACID 10 PPM
B INFLAMMABLE SOLID 15 PPM
C INFLAMMABLE SOLID 17 PPM
D INFLAMMABLE SOLID 58 PPM

⑧ EX. HAZ. WASTE PERMIT NO.

⑨ GENERATING PROCESS

WASTE

UNITS

PPM
PPM
PPM
PPM

⑩ WASTE PROPERTIES:

PH 1 ☒ TOXIC ☐ FLAMMABLE ☒ CORROSIVE/IRRITANT ☐ REACTIVE ☐ SENSITIZER ☐ CARCINOGEN/MUTAGEN

⑪ PHYSICAL STATE:

☐ SOLID ☒ LIQUID ☐ SLUDGE ☐ SLURRY ☐ GAS ☐ OTHER

⑫ SPECIAL HANDLING INSTRUCTIONS:

☒ GLOVES ☒ GOGGLES ☐ RESPIRATOR ☐ OTHER

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL
RESPONSE CENTER, U. S. COAST GUARD 1-800-424-8802.

SIGNATURE OF AUTHORIZED AGENT & TITLE

DATE SHIPPED

TRANSPORTER

(HAULER MUST COMPLETE)

⑭ NAME LIQUID WASTE MANAGEMENT

EPA NO. CAD0000072843

ADDRESS P.O. BOX 1082

CITY, STATE, ZIP CODE SUN VALLEY, CALIFORNIA 91352

PHONE NO. (213) 767-4424

JOB NO. 2687

UNIT NO. 1

⑮ PICK-UP DATE 5/19/92

TIME 1:30 ☐ AM ☐ PM

⑯

SIGNATURE OF AUTHORIZED AGENT & TITLE

TSD FACILITY

(OPERATOR MUST COMPLETE)

⑰ NAME KK

EPA NO. 000000000000000000

⑱ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT

⑳ IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY

NAME

EPA NO. 000000000000000000

REVISED 11/80

⑲ QUANTITY (IF MEASURED) 2.58

⑳ STATE FEE (IF ANY) \$ 1870

㉑ HANDLING OR DISPOSAL METHOD:

☐ SURFACE IMPOUNDMENT ☐ LANDFILL
☐ INJECTION WELL ☐ LAND TREATMENT
☐ TREATMENT (SPECIFY) ☐ STORAGE/TRANSFER
☐ RECOVERY OR REUSE

SIGNATURE OF AUTHORIZED AGENT & TITLE

DATE ACCEPTED

SEE REVERSE SIDES FOR
INSTRUCTIONS. PLEASE TYPE
OR PRINT CLEARLY.

PRESS HARD

CALIFORNIA HAZARDOUS WASTE MANIFEST
STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P STREET, SACRAMENTO, CA 95814

363 - 101111

GENERATOR

(GENERATOR MUST COMPLETE)

③ DESIGNATED TSD FACILITY

(AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)

④ ALTERNATE TSD FACILITY

① NAME _____
EPA NO. 000000000000000000
ADDRESS 1000 CAMPBELL WAY
CITY, STATE, ZIP CODE WILSON CA 95690
PHONE NO. 916-210-1010
ORDER PLACED BY M. J. COHEN ORDER DATE 2/17/82
P.O. / CONTRACT NO. _____

NAME WILSON
EPA NO. 000000000000000000
ADDRESS 2210 AZUSA AVE
CITY, STATE, ZIP CODE W. COVINA CA 91701
PHONE NO. 915-0916

NAME WILSON
EPA NO. 000000000000000000
ADDRESS WTV 10040
CITY, STATE, ZIP CODE CASIMIRO CA 91710
PHONE NO. 915-977-7447

⑤ U. S. DOT PROPER SHIPPING NAME

WASTE NITRIC ACID
WASTE _____

U. S. DOT HAZARD CLASS CORROSIVE

UN/NA T.O. NO. 1760

WEIGHT OR VOLUME 60

UNITS GA1

CONTAINERS: NUMBER

DRUMS
TANK TRUCK

BAGS
OTHER

CARTONS
DUMP TRUCK

⑥ WASTE CATEGORY 2

⑦ LIST COMPONENTS:

A NITRIC ACID CONC. RANGE UPPER 1 LOWER _____ UNITS ✓ % _____ PPM
B WATER CONC. RANGE UPPER 89 LOWER _____ UNITS ✓ % _____ PPM
C _____
D _____

⑧ EX. HAZ. WASTE PERMIT NO. _____

⑨ GENERATING PROCESS PIN FINISH

CONC. RANGE UPPER LOWER UNITS
_____ % _____ PPM
_____ % _____ PPM
_____ % _____ PPM

⑩ WASTE PROPERTIES: PH 2 ☐ TOXIC ☐ FLAMMABLE ☒ CORROSIVE-IRRITANT ☐ REACTIVE ☐ SENSITIZER ☐ CARCINOGEN/MUTAGEN
⑪ PHYSICAL STATE: ☐ SOLID ☒ LIQUID ☐ SLUDGE ☐ SLURRY ☐ GAS ☐ OTHER _____
⑫ SPECIAL HANDLING INSTRUCTIONS: ☒ GLOVES ☒ GOGGLES ☐ RESPIRATOR ☐ OTHER _____

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION, ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL
RESPONSE CENTER, U. S. COAST GUARD 1-800-424-8802.

⑬ M. J. COHEN
SIGNATURE OF AUTHORIZED AGENT & TITLE DATE SHIPPED _____

TRANSPORTER

(HAULER MUST COMPLETE)

⑭ NAME LIQUID WASTE MANAGEMENT

EPA NO. CAD0000072843
ADDRESS P.O. BOX 1082
CITY, STATE, ZIP CODE SUN VALLEY, CALIFORNIA 91352
PHONE NO. (213) 767-4424

JOB NO. 2110
UNIT NO. 9

⑮ PICK-UP DATE 2/17/82
TIME 1:30 ☐ AM ☐ PM

⑯ M. J. COHEN
SIGNATURE OF AUTHORIZED AGENT & TITLE

TSD FACILITY

(OPERATOR MUST COMPLETE)

⑰ NAME _____
EPA NO. 000000000000000000
⑱ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT _____

⑲ QUANTITY (IF MEASURED) SEE
⑳ STATE FEE (IF ANY) \$ 1270

⑳ HANDLING OR DISPOSAL METHOD

☐ SURFACE IMPOUNDMENT ☐ LANDFILL
☐ INJECTION WELL ☐ LAND TREATMENT
☐ TREATMENT (SPECIFY) _____
☐ RECOVERY OR REUSE ☐ STORAGE/TRANSFER

㉑ IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY

NAME _____
EPA NO. _____
REVISED 11/80

㉒ M. J. COHEN
SIGNATURE OF AUTHORIZED AGENT & TITLE

/ DATE ACCEPTED _____

CALIFORNIA HAZARDOUS WASTE MANIFEST

State Department of Health Services
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P Street, Sacramento, CA 95814

1 Manifest Number **699-014013**

See reverse side for Instructions.
Please type or print clearly. Press Hard.

GENERATOR (Generator Must Complete) 2 Name BENDIX CORP. EPA NO. C A D 0 0 8 3 2 5 3 1 4 Address 11600 SHERMAN WAY Phone No. 877-2881 City, State, Zip N. HOLLYWOOD, CA 91605 Order Placed By P.O./ 4/26/82 CONTRACT NO. PO #51-4-22320		3 DESIGNATED TSD FACILITY (AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM) Name VAN WATERS & ROGERS EPA NO. C A D 0 0 9 2 3 0 2 4 4 Address 1363 S. BONNIE BEACH PL. City, State, Zip LOS ANGELES, CA 90023 Phone No. 213/865-8123		4 ALTERNATE TSD FACILITY Name _____ EPA NO. _____ Address _____ City, State, Zip _____ Phone No. _____	
---	--	--	--	--	--

5 U.S. DOT PROPER SHIPPING NAME WASTE 111 TRICHLOROETHANE WASTE _____	U.S. DOT HAZARD CLASS ORM-A	UN/NA ID NO. 2831	WEIGHT OR VOLUME 4000#	UNITS 8	CONTAINERS: NUMBER 8 TYPE: <input checked="" type="checkbox"/> DRUMS <input type="checkbox"/> BAGS <input type="checkbox"/> CARTONS <input type="checkbox"/> TANK TRUCK <input type="checkbox"/> DUMP TRUCK <input type="checkbox"/> OTHER _____
---	--	------------------------------------	---	--------------------------	---

6 WASTE CATEGORY 63 LIST COMPONENTS: 9 A. _____ B. _____ C. _____ D. _____	7 EX. HAZ. WASTE PERMIT NO. _____ CONC. RANGE UPPER LOWER UNITS % ppm. % ppm. % ppm. % ppm.	8 GENERATING PROCESS VAPOR DEGREASING CONC. RANGE UPPER LOWER UNITS % ppm. % ppm. % ppm. Non Hazardous Material _____ %	WASTE PROPERTIES: pH _____ 10 <input type="checkbox"/> Toxic <input type="checkbox"/> Flammable <input type="checkbox"/> Corrosive/Irritant <input type="checkbox"/> Reactive <input type="checkbox"/> Sensitizer <input type="checkbox"/> Carcinogen/Mutagen 11 PHYSICAL STATE: <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Sludge <input type="checkbox"/> Slurry <input type="checkbox"/> Gas <input type="checkbox"/> Other _____ 12 SPECIAL HANDLING INSTRUCTIONS: <input type="checkbox"/> Gloves <input type="checkbox"/> Goggles <input type="checkbox"/> Respirator <input type="checkbox"/> Other _____
---	---	--	---

GENERATOR CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked, labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and EPA.

IN THE EVENT OF A SPILL, CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802

13
 Signature of Authorized Agent and Title

PLANT ENGINEER
4-29-82
 Date Shipped

TRANSPORTER (HAULER MUST COMPLETE) 14 NAME Van Waters & Rogers EPA NO. C A D 0 0 9 2 3 0 2 4 4 ADDRESS 1363 So Bonnie Beach Pl PHONE NO. 213/265-8123 CITY, STATE, ZIP _____	JOB NO. _____ UNIT NO. _____ 15 PICK-UP DATE 4-29-82 TIME 2:10 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM 16 Signature of Authorized Agent and Title	17 DATE 4-29-82 18 TIME 4-29-82 Date
---	---	--

TSD FACILITY (FACILITY-OPERATOR MUST COMPLETE) 17 NAME Reuse EPA NO. C A D 0 0 9 2 3 0 2 4 4 PHONE NO. 265-3524 20 INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT: _____ IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY: _____	18 QUANTITY (If Measured) _____ 19 STATE FEE (If Any) \$ _____ 21 HANDLING OR DISPOSAL METHOD: <input type="checkbox"/> Surface Impoundment <input type="checkbox"/> Landfill <input type="checkbox"/> Injection Well <input type="checkbox"/> Land Treatment <input type="checkbox"/> Treatment (Specify) _____ <input checked="" type="checkbox"/> Recovery or Reuse <input type="checkbox"/> Storage/Transfer	22 NAME _____ EPA NO. _____ 23 Signature of Authorized Agent and Title 4/29/82 Date Accepted
---	--	--

GENERATOR'S COPY FROM TSDF

SEE REVERSE SIDES FOR
INSTRUCTIONS. PLEASE TYPE
OR PRINT CLEARLY.

CALIFORNIA HAZARDOUS WASTE MANIFEST

STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P STREET, SACRAMENTO, CA 95814

363 - 010000

PRESS HARD

GENERATOR (GENERATOR MUST COMPLETE)

② NAME W. K. F.
EPA NO. 000000000000000000
ADDRESS 11100 SERRANO WAY
CITY, STATE, ZIP CODE W. HILLS ROAD, CALIF.
PHONE NO. 765-7010
ORDER PLACED BY W. K. F. ORDER DATE 4-5
P.O. CONTRACT NO. 000-254176

③ DESIGNATED TSD FACILITY

(AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)

NAME W. K. F.
EPA NO. 000000000000000000
ADDRESS 11100 SERRANO WAY
CITY, STATE, ZIP CODE W. HILLS ROAD, CALIF.
PHONE NO. 765-7010

④ ALTERNATE TSD FACILITY

NAME W. K. F.
EPA NO. 000000000000000000
ADDRESS 11100 SERRANO WAY
CITY, STATE, ZIP CODE W. HILLS ROAD, CALIF.
PHONE NO. 765-7010

⑤ U. S. DOT PROPER SHIPPING NAME	U. S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS: NUMBER
WASTE <u>11731C ACID</u>	<u>CORROSIVE</u>	<u>1760</u>	<u>85</u>	<u>gal</u>	<input checked="" type="checkbox"/> DRUMS <input type="checkbox"/> BAGS <input type="checkbox"/> CARTONS <input type="checkbox"/> DUMP TRUCK
WASTE					<input checked="" type="checkbox"/> TANK TRUCK <input type="checkbox"/> OTHER

⑥ WASTE CATEGORY 2
⑦ LIST COMPONENTS:
A 11731C ACID CONC. RANGE 24% UPPER LOWER
B
C
D
⑧ GENERATING PROCESS W. K. F.
CONC. RANGE UPPER LOWER UNITS
E
F
G
NONHAZARDOUS MATERIAL W. K. F. %
⑨ WASTE PROPERTIES: PH 1.0 ☐ TOXIC ☐ FLAMMABLE ☒ CORROSIVE IRRITANT ☐ REACTIVE ☐ SENSITIZER ☐ CARCINOGEN/MUTAGEN
⑩ PHYSICAL STATE: ☐ SOLID ☒ LIQUID ☐ SLUDGE ☐ SLURRY ☐ GAS ☐ OTHER
⑪ SPECIAL HANDLING INSTRUCTIONS: ☒ GLOVES ☒ GOGGLES ☐ RESPIRATOR ☐ OTHER

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL
RESPONSE CENTER, U. S. COAST GUARD 1-800-424-8802.

⑫ W. K. F. SIGNATURE OF AUTHORIZED AGENT & TITLE
DATE SHIPPED 4-5

TRANSPORTER (HAULER MUST COMPLETE)

⑬ NAME LIQUID WASTE MANAGEMENT
EPA NO. CAD0000072843
ADDRESS P.O. BOX 1082
CITY, STATE, ZIP CODE SUN VALLEY, CALIFORNIA 91352
PHONE NO. (213) 767-4424

JOB NO. 36
UNIT NO. 36
⑭ PICK-UP DATE 4-5 TIME 10:00 AM ☐ PM ☐

⑮ W. K. F. SIGNATURE OF AUTHORIZED AGENT & TITLE

TSD FACILITY (OPERATOR MUST COMPLETE)

⑯ NAME W. K. F.
EPA NO. 000000000000000000
⑰ QUANTITY (IF MEASURED) 85
⑱ STATE FEE (IF ANY) \$ 0.00
⑲ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT W. K. F.

⑳ IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY:

NAME W. K. F.
EPA NO. 000000000000000000
REVISED 11/80

⑳ HANDLING OR DISPOSAL METHOD:
☐ SURFACE IMPOUNDMENT ☐ LANDFILL
☐ INJECTION WELL ☐ LAND TREATMENT
☐ TREATMENT (SPECIFY) ☐ STORAGE/TRANSFER
☐ RECOVERY OR REUSE

㉑ W. K. F. SIGNATURE OF AUTHORIZED AGENT & TITLE
DATE ACCEPTED 4-5

SEE REVERSE SIDES FOR
INSTRUCTIONS. PLEASE TYPE
OR PRINT CLEARLY.

CALIFORNIA HAZARDOUS WASTE MANIFEST
STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P STREET, SACRAMENTO, CA 95814

363 - 11/11/80

PRESS HARD

GENERATOR (GENERATOR MUST COMPLETE)

③ NAME EMERSON CORP
EPA NO. 0000000000000000
ADDRESS 1000 SHERMAN WAY
CITY, STATE, ZIP CODE WILMINGTON, CA 91605
PHONE NO. 714-521-1010
ORDER PLACED BY W. SPECK ORDER DATE 5-22
CONTRACT NO. 02-154121

③ DESIGNATED TSD FACILITY

(AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)
NAME EMERSON
EPA NO. 0000000000000000
ADDRESS 2710 WILSON AVE
CITY, STATE, ZIP CODE WILMINGTON, CA 91605
PHONE NO. 714-521-0916

③ ALTERNATE TSD FACILITY

NAME _____
EPA NO. _____
ADDRESS _____
CITY, STATE, ZIP CODE _____
PHONE NO. _____

③ U. S. DOT PROPER SHIPPING NAME	U. S. DOT HAZARD CLASS	UN/NA I.D. NO	WEIGHT OR VOLUME	UNITS	CONTAINERS: NUMBER	DRUMS	BAGS	CARTONS	DUMP TRUCK
WASTE <u>CHROMIC ACID</u>	<u>CORROSIVE</u>	<u>1755</u>	<u>5.400</u>	<u>gal</u>	<u>1-14 711.0</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WASTE _____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

⑥ WASTE CATEGORY 2
⑦ LIST COMPONENTS:
A CHROMIC ACID
B WATER
C _____
D _____
⑩ WASTE PROPERTIES: PH 1.4 ☒ TOXIC ☐ FLAMMABLE ☒ CORROSIVE-IRRITANT ☐ REACTIVE ☐ SENSITIZER ☐ CARCINOGEN/MUTAGEN
⑪ PHYSICAL STATE: ☐ SOLID ☒ LIQUID ☐ SLUDGE ☐ SLURRY ☐ GAS ☐ OTHER _____
⑫ SPECIAL HANDLING INSTRUCTIONS: ☒ GLOVES ☒ GOGGLES ☐ RESPIRATOR ☐ OTHER _____
⑧ GENERATING PROCESS PLATING
CONC. RANGE UPPER LOWER UNITS
E _____
F _____
G _____
NONHAZARDOUS MATERIAL 1.4111 %

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL
RESPONSE CENTER, U. S. COAST GUARD 1-800-424-8802.

③ 11/11/80
SIGNATURE OF AUTHORIZED AGENT & TITLE _____ DATE SHIPPED _____

TRANSPORTER (HAULER MUST COMPLETE)

⑭ NAME LIQUID WASTE MANAGEMENT
EPA NO. CAD0000072843
ADDRESS P.O. BOX 1082
CITY, STATE, ZIP CODE SUN VALLEY, CALIFORNIA 91352
PHONE NO. (213) 767-4424

JOB NO. 1011
UNIT NO. _____

⑮ PICK-UP DATE _____
TIME _____ AM ☐ PM ☐

⑮ _____
SIGNATURE OF AUTHORIZED AGENT & TITLE _____

TSD FACILITY (OPERATOR MUST COMPLETE)

⑰ NAME EMERSON
EPA NO. 0000000000000000
⑱ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT _____
⑲ IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY
NAME _____
EPA NO. _____
REVISED 11/80

⑲ QUANTITY (IF MEASURED) 2073
⑲ STATE FEE (IF ANY) \$ 20.73

⑲ HANDLING OR DISPOSAL METHOD
☐ SURFACE IMPOUNDMENT ☐ LANDFILL
☐ INJECTION WELL ☐ LAND TREATMENT
☐ TREATMENT (SPECIFY) _____
☐ RECOVERY OR REUSE ☐ STORAGE/TRANSFER

⑲ _____
SIGNATURE OF AUTHORIZED AGENT & TITLE _____ DATE ACCEPTED _____

SEE REVERSE SIDES FOR
INSTRUCTIONS. PLEASE TYPE
OR PRINT CLEARLY.

PRESS HARD

CALIFORNIA HAZARDOUS WASTE MANIFEST
STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P STREET, SACRAMENTO, CA 95814

363-002400

1073

GENERATOR (GENERATOR MUST COMPLETE)

DESIGNATED TSD FACILITY

ALTERNATE TSD FACILITY

NAME BENDIX CORP (AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)
EPA NO. CAD008321 NAME BK LARDELL NAME _____
ADDRESS 11600 SHERMAN BLVD EPA NO. CAD067786749 EPA NO. _____
CITY, STATE, ZIP CODE W. HOLLYWOOD, CALIF ADDRESS 210 W. ATUSA AVE ADDRESS _____
PHONE NO. 765-1010 CITY, STATE, ZIP CODE W. COVINA, CALIF CITY, STATE, ZIP CODE _____
ORDER PLACED BY W.J. SPECK ORDER NO. 2-882 PHONE NO. 765-0746 PHONE NO. _____
P.O. CONTRACT NO. 8063-252354

U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS: NUMBER	DRUMS	BAGS	CARTONS	DUMP TRUCK
WASTE <u>CHROMIC AC</u>	<u>6.1</u>	<u>1755</u>	<u>143</u>	<u>gal</u>					
WASTE <u>BLUE DYE CAUSTIC</u>	<u>8</u>	<u>1760</u>	<u>300</u>	<u>gal</u>					

WASTE CATEGORY 943 EX. HAZ. WASTE PERMIT NO. _____ GENERATING PROCESS PLATING
List COMPONENTS: CONC. RANGE UPPER LOWER UNITS
A CHROMIC AC 20% PPM E _____
B BLUE DYE 5% PPM F _____
C CAUSTIC 6% PPM G _____
D _____ PPM NONHAZARDOUS MATERIAL _____ %
WASTE PROPERTIES: PH 5-6 ☒ TOXIC ☐ FLAMMABLE ☒ CORROSIVE/IRRITANT ☐ REACTIVE ☐ SENSITIZER ☐ CARCINOGEN/MUTAGEN
PHYSICAL STATE ☐ SOLID ☒ LIQUID ☐ SLURRY ☐ GAS ☐ OTHER _____
SPECIAL HANDLING INSTRUCTIONS: ☒ GLOVES ☒ GOGGLES ☐ RESPIRATOR ☐ OTHER _____

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL
RESPONSE CENTER, U. S. COAST GUARD 1-800-424-8802.

SIGNATURE OF AUTHORIZED AGENT & TITLE W. J. Speck, Supervisor DATE SHIPPED 2-9-82

TRANSPORTER (HAULER MUST COMPLETE)

NAME LIQUID WASTE MANAGEMENT
EPA NO. CAD0000072043
ADDRESS P.O. BOX 1082
CITY, STATE, ZIP CODE SUN VALLEY, CALIFORNIA 91352
PHONE NO. (213) 767-4424

JOB NO. 1073
UNIT NO. 9

PICK-UP DATE 2/9/82
TIME 10:15 ☒ AM ☐ PM

SIGNATURE OF AUTHORIZED AGENT & TITLE Alvin Driver

TSD FACILITY (OPERATOR MUST COMPLETE)

NAME BK LARDELL QUANTITY (IF MEASURED) 500 HANDLING OR DISPOSAL METHOD:
EPA NO. CAD0007340749 STATE FEE (IF ANY) \$ 500 ☐ SURFACE IMPOUNDMENT ☐ LANDFILL
☐ INJECTION WELL ☐ LAND TREATMENT
☐ TREATMENT (SPECIFY) ☐ STORAGE/TRANSFER
☐ RECOVERY OR REUSE
INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT _____
IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY _____
NAME _____
EPA NO. _____
REVISED 11/80 SIGNATURE OF AUTHORIZED AGENT & TITLE W. J. Speck DATE ACCEPTED 2-9-82

SEE REVERSE SIDES FOR
INSTRUCTIONS. PLEASE TYPE
OR PRINT CLEARLY.

PRESS HARD

CALIFORNIA HAZARDOUS WASTE MANIFEST

STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P STREET, SACRAMENTO, CA 95814

363 - 003323

03450

GENERATOR

(GENERATOR MUST COMPLETE)

NAME **BENDIE CORP**
EPA NO **CA D000832113111**
ADDRESS **11600 SHERMAN WAY**
CITY, STATE, ZIP CODE **NO. HOLLYWOOD, CAL 91605**
PHONE NO **(213) 765-1010**
ORDER PLACED BY **W. J. SPECK** ORDER DATE **11-2-82**
CONTRACT NO **8067-351020**

DESIGNATED TSD FACILITY

(AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)

NAME **BKK LANDFILL**
EPA NO **CA D00677867749**
ADDRESS **2210 AZUSA AVE.**
CITY, STATE, ZIP CODE **W. COVINA CAL 91705**
PHONE NO **965-0916**

ALTERNATE TSD FACILITY

NAME _____
EPA NO _____
ADDRESS _____
CITY, STATE, ZIP CODE _____
PHONE NO _____

U. S. DOT PROPER SHIPPING NAME	U. S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS	NUMBER
WASTE MURATIC ACID	8	1789	35	GALS.	<input checked="" type="checkbox"/> DRUMS	<input type="checkbox"/> BAGS <input type="checkbox"/> CARTONS <input type="checkbox"/> DUMP TRUCK
WASTE OKITE 90	CORROSIVE	1760	100	GALS	<input checked="" type="checkbox"/> TANK TRUCK	<input type="checkbox"/> OTHER

WASTE CATEGORY **301** EX. HAZ WASTE PERMIT NO **none** GENERATING PROCESS **PLATING**

LIST COMPONENTS

	CONC. RANGE	UNITS
	UPPER LOWER	
A MURATIC ACID	100	<input checked="" type="checkbox"/> %
B OKITE 90	11	<input checked="" type="checkbox"/> %

WASTE PROPERTIES: PH **1** ☐ SOLID ☒ LIQUID ☐ FLAMMABLE ☒ CORROSIVE/IRRITANT ☐ REACTIVE ☐ SENSITIZER ☐ CARCINOGEN/MUTAGEN

PHYSICAL STATE ☐ SOLID ☒ LIQUID ☐ SLOTTED ☐ SLURRY ☐ GAS ☐ OTHER

SPECIAL HANDLING INSTRUCTIONS ☒ GLOVES ☒ RESPIRATOR ☐ OTHER

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL RESPONSE CENTER, U. S. COAST GUARD 1-800-424-8802.

SIGNATURE OF AUTHORIZED AGENT & TITLE **W. J. Speck Supervisor** DATE SHIPPED **11-3-82**

TRANSPORTER

(HAULER MUST COMPLETE)

NAME **LIQUID WASTE MANAGEMENT**
EPA NO **CA D000000749**
ADDRESS **P.O. BOX 1082**
CITY, STATE, ZIP CODE **SUN VALLEY, CALIFORNIA 91351**
PHONE NO **(213) 767-4424**

JOB NO **3550** PICK-UP DATE **11/3/82**
UNIT NO **9** TIME **2:00** ☐ AM ☐ PM

SIGNATURE OF AUTHORIZED AGENT & TITLE **W. J. Speck**

TSD FACILITY

(OPERATOR MUST COMPLETE)

NAME **BKK** QUANTITY (IF MEASURED) **SEE #3650**
EPA NO **CA D00017867749** STATE FEE (IF ANY) \$ _____
INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT _____
IF WASTE IS HELD FOR DELIVERY ELSEWHERE SPECIFY THE DESIGNATED TSD FACILITY _____

HANDLING OR DISPOSAL METHOD
☐ SURFACE IMPOUNDMENT ☒ LANDFILL
☐ INJECTION WELL ☐ LAND TREATMENT
☐ TREATMENT (SPECIFY) _____
☐ RECOVERY OR REUSE ☐ STORAGE/TRANSFER

NAME _____
EPA NO _____
SIGNATURE OF AUTHORIZED AGENT & TITLE **W. J. Speck** DATE ACCEPTED **11-4-82**

PRESS HARD

03413

(GENERATOR MUST COMPLETE)

P. O. /
CONTRACT NO. 8067-3510 22

2 PHONE NO. 965-0916

PHONE NO. _____

(HAULER MUST COMPLETE)

PHONE NO. (213) 767-4424

⑮ PICK-UP DATE 10/20/82
TIME 7:30 ☒ AM ☐ PM

(16) _____
SIGNATURE OF AUTHORIZED AGENT & TITLE

~~OPERATOR MUST COMPLETE~~

② INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT

② IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY

EPA NO. ☐
REVISED 11/80

(19) STATE FEE (IF ANY) \$

HANDLING OR DISPOSAL METHOD:

<input type="checkbox"/>	SURFACE IMPOUNDMENT	<input type="checkbox"/>	LANDFILL
<input type="checkbox"/>	INJECTION WELL	<input type="checkbox"/>	LAND TREATMENT
<input type="checkbox"/>	TREATMENT (SPECIFY)	<hr/>	
<input type="checkbox"/>	RECOVERY OR REUSE	<input type="checkbox"/>	STORAGE/TRANSFER

(21) _____
SIGNATURE OF AUTHORIZED AGENT & TITLE

DATE ACCEPTED

CALIFORNIA HAZARDOUS WASTE MANIFEST

State Department of Health Services
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P Street, Sacramento, CA 95814

① Manifest Number **699-014305**

See reverse side for Instructions.
Please type or print clearly. Press Hard.

GENERATOR (Generator Must Complete) **DESIGNATED TSD FACILITY** (AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM) **ALTERNATE TSD FACILITY**

② Name **BENDIX CORP.** Name **VAN WATERS & ROGERS**
EPA NO. **CAD 0008825384** EPA NO. **CAD 009230244**
Address **11600 SHERMAN WAY** Address **1363 S. BONNIE BEACH PL.**
City, State, Zip **NO HOLLYWOOD, CA. 91605** City, State, Zip **LOS ANGELES, CALIF. 90023**
Order Placed By **RON** Phone No. **(213) 265-8123**
P.O./CONTRACT NO. **51-04-18332** Phone No. _____

U.S. DOT PROPER SHIPPING NAME **U.S. DOT HAZARD CLASS** **UN/NA ID NO.** **WEIGHT OR VOLUME** **UNITS** **CONTAINERS: NUMBER** **TYPE:**

WASTE: **1,1,1 TRICHLOROETHANE** **ORMA** **2831** **15004** **3/54 GA** **3** ☐ DRUMS ☒ BAGS ☐ CARTONS
WASTE _____ _____ _____ _____ _____ _____ ☐ TANK TRUCK ☐ DUMP TRUCK
_____ _____ _____ _____ _____ _____ ☐ OTHER

⑥ WASTE CATEGORY **63** ⑦ EXHAUST WASTE PERMIT NO. _____ ⑧ GENERATING PROCESS **VAPOR DEGREASING**

LIST COMPONENTS: _____ CONCENTRATION RANGE UNITS

⑨ A. _____ ☐ % ☐ ppm. E. _____ ☐ % ☐ ppm.
B. _____ ☐ % ☐ ppm. F. _____ ☐ % ☐ ppm.
C. _____ ☐ % ☐ ppm. G. _____ ☐ % ☐ ppm.
D. _____ ☐ % ☐ ppm. Non Hazardous Material _____ %

⑩ WASTE PROPERTIES: pH _____ ☐ Toxic ☐ Flammable ☐ Corrosive/Irritant ☐ Reactive ☐ Sensitizer ☐ Carcinogen/Mutagen

⑪ PHYSICAL STATE: ☐ Solid ☒ Liquid ☒ Sludge ☐ Slurry ☐ Gas ☐ Other _____

⑫ SPECIAL HANDLING INSTRUCTIONS: ☐ Gloves ☒ Goggles ☐ Respirator ☐ Other _____

GENERATOR CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked, labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and EPA.

IN THE EVENT OF A SPILL, CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802

⑬ **PLANT ENGINEER** **10-8-82**
Signature of Authorized Agent and Title Date Shipped

TRANSPORTER (HAULER MUST COMPLETE)

⑭ NAME **Van Waters & Rogers** JOB NO. **51-04-18332** ⑮ PICK-UP DATE **10-8-82**
EPA NO. **CAD 009230244** UNIT NO. **51-25-28** TIME **1:00** ☒ AM ☐ PM
ADDRESS **1363 S. BONNIE BEACH PL.** PHONE NO. **265-8123**
CITY, STATE, ZIP **LOS ANGELES, CALIF. 90023** ⑯ **Daniel** **10-8-82**
Signature of Authorized Agent and Title Date

TSD FACILITY (FACILITY OPERATOR MUST COMPLETE)

⑰ NAME **Kurt** ⑱ QUANTITY (If Measured) _____ ⑳ HANDLING OR DISPOSAL METHOD:

EPA NO. **CAD 009230244** ㉑ STATE FEE (If Any) \$ **0** ☐ Surface Impoundment ☐ Landfill
PHONE NO. **265-8524** ☐ Injection Well ☐ Land Treatment
⑳ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT: _____ ☐ Treatment (Specify) _____
IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY: _____ ☐ Recovery or Reuse ☐ Storage/Transfer

㉒ NAME _____ ㉓ **R. [Signature]** **10-8-82**
EPA NO. _____ Signature of Authorized Agent and Title Date Accepted

SEE REVERSE SIDES FOR
INSTRUCTIONS. PLEASE TYPE
OR PRINT CLEARLY.

PRESS HARD

CALIFORNIA HAZARDOUS WASTE MANIFEST

STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P STREET, SACRAMENTO, CA 95814

RECEIVED 363-003843
JAN 14 1983

GENERATOR

(GENERATOR MUST COMPLETE)

DESIGNATED TSD FACILITY

ALTERNATE TSD FACILITY

① NAME BENTIX
EPA NO. CAD000325334
ADDRESS 11600 SHARMAN WAY
CITY, STATE, ZIP CODE NORTH HOLLYWOOD
PHONE NO. 765-1910
ORDER PLACED BY R. BLATTNER ORDER DATE 12-15-82
P.O. CONTRACT NO. _____

(AUTHORIZED TO OPERATE UNDER AN ENVIRONMENTAL STATE OR FEDERAL PROGRAM)
NAME BENTIX
EPA NO. CAD000325334
ADDRESS 3210 AZURA AVE
CITY, STATE, ZIP CODE NEXT COVINA
PHONE NO. 965-0916

⑤ U. S. DOT PROPER SHIPPING NAME	U. S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS: NUMBER
WASTE <u>OIL & WATER</u>	<u>COMBUSTIBLE</u>	<u>1220</u>	<u>3500</u>	<u>DRUMS</u>	<u>6A15</u>
WASTE				<input checked="" type="checkbox"/> TANK TRUCK	<input type="checkbox"/> BAGS <input type="checkbox"/> CARTONS <input type="checkbox"/> DUMP TRUCK

⑥ WASTE CATEGORY 418
⑦ EX. HAZ. WASTE PERMIT NO. _____
⑧ GENERATING PROCESS _____
⑨ LIST COMPONENTS:

	CONC. RANGE	UNITS
A <u>OIL</u>	<u>20</u>	<input checked="" type="checkbox"/> % <input type="checkbox"/> PPM
B <u>COOLANT</u>	<u>10</u>	<input checked="" type="checkbox"/> % <input type="checkbox"/> PPM
C <u>WATER</u>	<u>70</u>	<input checked="" type="checkbox"/> % <input type="checkbox"/> PPM
D		<input type="checkbox"/> % <input type="checkbox"/> PPM

⑩ WASTE PROPERTIES: PH 4 ☐ TOXIC ☐ FLAMMABLE ☐ CORROSIVE/IRRITANT ☐ REACTIVE ☐ SENSITIZER ☐ CARCINOGEN/MUTAGEN
⑪ PHYSICAL STATE: ☐ SOLID ☒ LIQUID ☐ SLUDGE ☐ SLURRY ☐ GAS ☐ OTHER
⑫ SPECIAL HANDLING INSTRUCTIONS: ☒ GLOVES ☒ GOGGLES ☐ RESPIRATOR ☐ OTHER

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL
RESPONSE CENTER, U. S. COAST GUARD 1-800-424-8802.

SIGNATURE OF AUTHORIZED AGENT & TITLE Plant Engineer DATE SHIPPED 12-16-82

TRANSPORTER

(HAULER MUST COMPLETE)

⑬ NAME LIQUID WASTE MANAGEMENT
EPA NO. CAD0000072843
ADDRESS P.O. BOX 1082
CITY, STATE, ZIP CODE SUN VALLEY, CALIFORNIA 91352
PHONE NO. (213) 767-4424

JOB NO. 1177 UNIT NO. T-2 TR-4 ⑮ PICK-UP DATE 12-16-82 TIME 815 ☒ AM ☐ PM

SIGNATURE OF AUTHORIZED AGENT & TITLE Len C Barnes

TSD FACILITY

(OPERATOR MUST COMPLETE)

⑰ NAME BENTIX
EPA NO. CAD000325334
⑱ QUANTITY (IF MEASURED) 333-2098
⑲ STATE FEE (IF ANY) \$583.92
⑳ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT 192.54 LB
㉑ IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY: 735104
NAME _____
EPA NO. _____
REVISD 11/80
⑳ HANDLING OR DISPOSAL METHOD: ☐ SURFACE IMPOUNDMENT ☒ LANDFILL ☐ INJECTION WELL ☐ LAND TREATMENT ☐ TREATMENT (SPECIFY) ☐ RECOVERY OR REUSE ☐ STORAGE/TRANSFER
SIGNATURE OF AUTHORIZED AGENT & TITLE SEA DATE ACCEPTED 12-18-82

REVERSE SIDES FOR
INSTRUCTIONS. PLEASE TYPE
OR PRINT CLEARLY.

PRESS HARD

CALIFORNIA HAZARDOUS WASTE MANIFEST

STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P STREET, SACRAMENTO, CA 95814

363 - 003493

1127

GENERATOR (GENERATOR MUST COMPLETE)

① NAME BENDIX CORP.
EPA NO. CAD0008325334
ADDRESS 11600 SHERMAN WAY
CITY, STATE, ZIP CODE NO HOLLYWOOD, CA, 91605
PHONE NO. (213) 765-1010
ORDER PLACED BY W.J. SPECK ORDER DATE 11-24-82
CONTRACT NO. 8062-257109

② DESIGNATED TSD FACILITY

(AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)

NAME BKK LANDFILL
EPA NO. CAD0067786749
ADDRESS 2210 AZUSA AVE
CITY, STATE, ZIP CODE W. COVINA, CAL.
PHONE NO. 565-0916

③ ALTERNATE TSD FACILITY

NAME _____
EPA NO. _____
ADDRESS _____
CITY, STATE, ZIP CODE _____
PHONE NO. _____

④ U.S. DOT PROPER SHIPPING NAME

WASTE OIL & WATER
WASTE _____

U.S. DOT HAZARD CLASS

NONE

UN/NA I.D. NO.

WEIGHT OR VOLUME

3500 GAL

UNITS

CONTAINERS NUMBER

DRUMS _____ BAGS _____ CARTONS _____ DUMP TRUCK _____
TANK TRUCK _____ OTHER _____

⑤ WASTE CATEGORY

OIL

⑥ EX HAZ WASTE PERMIT NO.

NONE

⑦ GENERATING PROCESS

MACHINE WORK

⑧ LIST COMPONENTS

A _____
B _____
C _____
D _____

E _____
F _____
G _____

H _____
I _____
J _____

K _____
L _____
M _____

N _____
O _____
P _____

Q _____
R _____
S _____

T _____
U _____
V _____

W _____
X _____
Y _____

Z _____
AA _____
AB _____

AC _____
AD _____
AE _____

AF _____
AG _____
AH _____

AI _____
AJ _____
AK _____

AL _____
AM _____
AN _____

AO _____
AP _____
AQ _____

AR _____
AS _____
AT _____

AU _____
AV _____
AW _____

AX _____
AY _____
AZ _____

BA _____
BB _____
BC _____

BD _____
BE _____
BF _____

BG _____
BH _____
BI _____

BJ _____
BK _____
BL _____

BM _____
BN _____
BO _____

BP _____
BQ _____
BR _____

BS _____
BT _____
BU _____

BV _____
BW _____
BX _____

BY _____
BZ _____
CA _____

CB _____
CC _____
CD _____

CE _____
CF _____
CG _____

CH _____
CI _____
CJ _____

CK _____
CL _____
CM _____

WASTE PROPERTIES: PH 8 ☐ TOXIC ☐ FLAMMABLE ☐ CORROSIVE/IRRITANT ☐ REACTIVE ☐ SENSITIZER ☐ CARCINOGEN/MUTAGEN ☐

① PHYSICAL STATE: ☐ SOLID ☒ LIQUID ☐ SLUDGE ☐ SLURRY ☐ GAS ☐ OTHER _____

③ SPECIAL HANDLING INSTRUCTIONS: ☒ GLOVES ☐ GOGGLES ☐ RESPIRATOR ☐ OTHER _____

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL
RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802.

W. J. Speck
SIGNATURE OF AUTHORIZED AGENT & TITLE

11-29-82
DATE SHIPPED

TRANSPORTER (HAULER MUST COMPLETE)

③ NAME LIQUID WASTE MANAGEMENT

EPA NO. CAD00000072643
ADDRESS P.O. BOX 1082
CITY, STATE, ZIP CODE SUN VALLEY, CALIFORNIA 91352
PHONE NO. (213) 767-4424

JOB NO. 1127

UNIT NO. 11-27

⑤ PICK-UP DATE 11-29-82

TIME 800

Levy Chan
SIGNATURE OF AUTHORIZED AGENT & TITLE

TSD FACILITY (OPERATOR MUST COMPLETE)

⑦ NAME BKK
EPA NO. CAD00007786749

⑨ QUANTITY (IF MEASURED) 22.70

⑩ STATE FEE \$70.80

② INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENTS 420.0056

③ IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY

NAME _____
EPA NO. _____
REVISED 11/80

④ HANDLING OR DISPOSAL METHOD:

☐ SURFACE IMPOUNDMENT ☒ LANDFILL
☐ INJECTION WELL ☐ LAND TREATMENT
☐ TREATMENT (SPECIFY) _____
☐ RECOVERY OR REUSE ☐ STORAGE/TRANSF.

W. J. Speck
SIGNATURE OF AUTHORIZED AGENT & TITLE

11/29/82
DATE ACCEPTED

SEE REVERSE SIDES FOR INSTRUCTIONS. PLEASE TYPE OR PRINT CLEARLY.

PRESS HARD

CALIFORNIA HAZARDOUS WASTE MANIFEST
STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P STREET, SACRAMENTO, CA 95814

363-002926

03277

GENERATOR

(GENERATOR MUST COMPLETE)

DESIGNATED TSD FACILITY

ALTERNATE TSD FACILITY

NAME BENDIX CORP
EPA NO. CAD0008325334
ADDRESS 11600 SHERMAN BLVD WAY
CITY, STATE, ZIP CODE NO. HOLLYWOOD, CA., 91605
PHONE NO. (213) 765-1010
ORDER PLACED BY W.J. SPECK ORDER DATE 9-15-82
P.O. / CONTRACT NO. 8067-257109

(AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)

NAME BKK LANDFILL
EPA NO. CAD0067786749
ADDRESS 2210 AZUSA AVE.
CITY, STATE, ZIP CODE W. COVINA, CALIF
PHONE NO. 565-0916

NAME _____
EPA NO. _____
ADDRESS _____
CITY, STATE, ZIP CODE _____
PHONE NO. _____

U.S. DOT PROPER SHIPPING NAME

U.S. DOT HAZARD CLASS

UN/NA I.D. NO.

WEIGHT OR VOLUME

UNITS

CONTAINERS: NUMBER

WASTE OIL & WATER
WASTE _____

NONE

3500 GAL

☒ DRUMS ☐ BAGS ☐ CARTONS ☐ DUMP TRUCK
☒ TANK TRUCK ☐ OTHER

WASTE CATEGORY OIL & WATER

EX. HAZ. WASTE PERMIT NO. NONE

GENERATING PROCESS Manufacturing

LIST COMPONENTS: _____ CONC. RANGE _____ UNITS _____
A _____ UPPER LOWER _____
B _____
C _____
D _____
E _____
F _____
G _____
NONHAZARDOUS MATERIAL _____ %

WASTE PROPERTIES: PH 8 ☐ TOXIC ☐ FLAMMABLE ☐ CORROSIVE/IRRITANT ☐ REACTIVE ☐ SENSITIZER ☐ CARCINOGEN/MUTAGEN
PHYSICAL STATE: ☐ SOLID ☒ LIQUID ☐ SLUDGE ☐ SLURRY ☐ GAS ☐ OTHER _____
SPECIAL HANDLING INSTRUCTIONS: ☒ GLOVES ☐ GOGGLES ☐ RESPIRATOR ☐ OTHER _____

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL RESPONSE CENTER, U. S. COAST GUARD 1-800-424-8802.

SIGNATURE OF AUTHORIZED AGENT & TITLE W. J. Speck

DATE SHIPPED 9-17

TRANSPORTER

(HAULER MUST COMPLETE)

NAME LIQUID WASTE MANAGEMENT
EPA NO. CAD0000072843
ADDRESS P.O. BOX 1082
CITY, STATE, ZIP CODE SUN VALLEY, CALIFORNIA 91352
PHONE NO. (213) 767-4424

JOB NO. 3217
UNIT NO. 7

PICK-UP DATE 9/17/82
TIME 10:00 ☒ AM ☐ PM

SIGNATURE OF AUTHORIZED AGENT & TITLE al [Signature]

TSD FACILITY

(OPERATOR MUST COMPLETE)

NAME _____
EPA NO. 000000000000000000

QUANTITY (IF MEASURED) 1844
STATE FEE (IF ANY) \$ 7376

HANDLING OR DISPOSAL METHOD:
☐ SURFACE IMPOUNDMENT ☒ LANDFILL
☐ INJECTION WELL ☐ LAND TREATMENT
☐ TREATMENT (SPECIFY) _____
☐ RECOVERY OR REUSE ☐ STORAGE/TRANSFER

IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY:

NAME _____
EPA NO. _____
REVISED 11/80

SIGNATURE OF AUTHORIZED AGENT & TITLE P. [Signature]

DATE ACCEPTED 9/17/82

SEE REVERSE SIDES FOR
INSTRUCTIONS. PLEASE TYPE
OR PRINT CLEARLY.

PRESS HARD

CALIFORNIA HAZARDOUS WASTE MANIFEST
STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P STREET, SACRAMENTO, CA 95814

363-002510

03175

GENERATOR

(GENERATOR MUST COMPLETE)

③ NAME BLINDIA CORP.
EPA NO. CAD008325334
ADDRESS 11600 SHERMAN WAY
CITY, STATE, ZIP CODE NO. HOLLYWOOD, CA., 91605
PHONE NO. (213) 765-1010
ORDER PLACED BY W.J. SPECK ORDER DATE 8-26-82
P.O. / CONTRACT NO. 8067-257109

④ DESIGNATED TSD FACILITY

(AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)
NAME BKK LANDFILL
EPA NO. CAD0067786749
ADDRESS 2210 AZUSA AVE
CITY, STATE, ZIP CODE W. COVINA CAL
PHONE NO. 365-0916

⑤ ALTERNATE TSD FACILITY

NAME _____
EPA NO. _____
ADDRESS _____
CITY, STATE, ZIP CODE _____
PHONE NO. _____

⑥ U. S. DOT PROPER SHIPPING NAME	U. S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS: NUMBER	DRUMS TANK TRUCK	BAGS	CARTONS	DUMP TRUCK
WASTE <u>OIL & WATER</u>	<u>MOVE</u>		<u>3500</u>	<u>GAL.</u>		<input checked="" type="checkbox"/>			
WASTE									

⑦ WASTE CATEGORY OIL ⑧ EX. HAZ. WASTE PERMIT NO. none ⑨ GENERATING PROCESS Mechanical Work
⑩ LIST COMPONENTS: _____ CONC. RANGE _____ UNITS _____
A _____ % _____ PPM E _____
B _____ % _____ PPM F _____
C _____ % _____ PPM G _____
D _____ % _____ PPM
⑪ WASTE PROPERTIES: PH 8 ☐ TOXIC ☐ FLAMMABLE ☐ CORROSIVE/IRRITANT ☐ REACTIVE ☐ SENSITIZER ☐ CARCINOGEN/MUTAGEN
⑫ PHYSICAL STATE: ☐ SOLID ☒ LIQUID ☐ SLUDGE ☐ SLURRY ☐ GAS ☐ OTHER _____
⑬ SPECIAL HANDLING INSTRUCTIONS: ☒ GLOVES ☐ GOGGLES ☐ RESPIRATOR ☐ OTHER _____

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL
RESPONSE CENTER, U. S. COAST GUARD 1-800-424-8802.

⑭ W. J. Speck Supervisor 8-27-82
SIGNATURE OF AUTHORIZED AGENT & TITLE DATE SHIPPED

TRANSPORTER

(HAULER MUST COMPLETE)

⑮ NAME LIQUID WASTE MANAGEMENT
EPA NO. CAD0000072843
ADDRESS P.O. BOX 1082
CITY, STATE, ZIP CODE SUN VALLEY, CALIFORNIA 91352
PHONE NO. (213) 767-4424

JOB NO. 03175
UNIT NO. 2

⑯ PICK-UP DATE 8-27-82
TIME _____ ☐ AM ☐ PM

⑰

SIGNATURE OF AUTHORIZED AGENT & TITLE

TSD FACILITY

(OPERATOR MUST COMPLETE)

⑱ NAME BKK ⑲ QUANTITY (IF MEASURED) 17.43
EPA NO. 224067786749 ⑳ STATE FEE (IF ANY) \$ 67.72
⑳ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT _____

㉑ IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY

NAME _____
EPA NO. _____
REVISED 11/80

㉒ HANDLING OR DISPOSAL METHOD:

☐ SURFACE IMPOUNDMENT ☒ LANDFILL
☐ INJECTION WELL ☐ LAND TREATMENT
☐ TREATMENT (SPECIFY) _____
☐ RECOVERY OR REUSE ☐ STORAGE/TRANSFER

㉓

SIGNATURE OF AUTHORIZED AGENT & TITLE

DATE ACCEPTED

SEE REVERSE SIDES FOR INSTRUCTIONS. PLEASE TYPE OR PRINT CLEARLY.

CALIFORNIA HAZARDOUS WASTE MANIFEST
STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P STREET, SACRAMENTO, CA 95814

11

363 001992
03564

PRESS HARD

GENERATOR (GENERATOR MUST COMPLETE)

① NAME BENDIX CORP. (AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)

EPA NO. CAD0008325334 NAME DKK LANDFILL

ADDRESS 11600 SHERMAN WAY EPA NO. CAD0007286749

CITY, STATE, ZIP CODE NO HOLLYWOOD, CA. 91605 ADDRESS 7210 H ZUSA AVE

PHONE NO. (213) 765-1010 CITY, STATE, ZIP CODE W. COVINA, CALIF

ORDER PLACED BY W. J. STECK ORDER DATE 8-7-82 PHONE NO. 965-0916

CONTRACT NO. 002-21989

③ U. S. DOT PROPER SHIPPING NAME	U. S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS: NUMBER				
WASTE <u>HYDROFLUORIC ACID</u>	<u>CORROSIVE</u>	<u>1790</u>	<u>10</u>	<u>GAL</u>	<u>DRUMS</u>	<u>BAGS</u>	<u>CARTONS</u>	<u>DUMP TRUCK</u>	
WASTE <u>WATER</u>	<u>NONE</u>	<u>NONE</u>	<u>5,000</u>	<u>GAL</u>	<u>TANK TRUCK</u>	<u>OTHER</u>			

④ WASTE CATEGORY HAZARDOUS ⑤ EX. HAZ. WASTE PERMIT NO. 3-3054 ⑥ GENERATING PROCESS PLATING

⑦ LIST COMPONENTS:

	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS						
A <u>HYDROFLUORIC</u>	<u>10 GAL</u>	<u>11.2 PH</u>		%	PPM	E			PPM
B <u>WATER</u>	<u>5,000 GAL</u>	<u>N</u>		%	PPM	F			PPM
C				%	PPM	G			PPM
D				%	PPM				

⑧ WASTE PROPERTIES: PH 1.5 ☒ TOXIC ☐ FLAMMABLE ☒ CORROSIVE/IRRITANT ☐ REACTIVE ☐ SENSITIZER ☐ CARCINOGEN/MUTAGEN

⑨ PHYSICAL STATE ☐ SOLID ☒ LIQUID ☐ SLUDGE ☐ SLURRY ☐ GAS ☐ OTHER

⑩ SPECIAL HANDLING INSTRUCTIONS: ☒ GLOVES ☒ GOGGLES ☐ RESPIRATOR ☐ OTHER

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL RESPONSE CENTER, U. S. COAST GUARD 1-800-424-8802.

⑪ W. J. Steck SIGNATURE OF AUTHORIZED AGENT & TITLE ⑫ 8-7-82 DATE SHIPPED

TRANSPORTER (HAULER MUST COMPLETE)

⑬ NAME LIQUID WASTE MANAGEMENT JOB NO. 3569

EPA NO. CAD0000072843 UNIT NO. 9

ADDRESS P.O. BOX 1082 ⑭ PICK-UP DATE 8/13/82

CITY, STATE, ZIP CODE SUN VALLEY, CALIFORNIA 91352 TIME 1:50 ☐ AM ☒ PM

PHONE NO. (213) 767-4424

⑮ W. J. Steck SIGNATURE OF AUTHORIZED AGENT & TITLE

TSD FACILITY (OPERATOR MUST COMPLETE)

⑯ NAME DKK LANDFILL ⑰ QUANTITY (IF MEASURED) 1040

EPA NO. 000000007419 ⑱ STATE FEE (IF ANY) \$ 77.60

⑲ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT

⑳ IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY:

NAME DKK LANDFILL ㉑ W. J. Steck SIGNATURE OF AUTHORIZED AGENT & TITLE

EPA NO. 000000000000 ㉒ 8-16-82 DATE ACCEPTED

CALIFORNIA HAZARDOUS WASTE MANIFEST
STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P STREET, SACRAMENTO, CA 95814

363 - 02001
03528

PRESS HARD

GENERATOR (GENERATOR MUST COMPLETE)

① NAME BENDIX CORP.
EPA NO. CAD008375334
ADDRESS 11600 SHERMAN WAY
CITY, STATE, ZIP CODE NO HOLLYWOOD, CA., 91605
PHONE NO. (213) 765-1010
ORDER PLACED BY W.J. SPECK
CONTRACT NO. 8-2-82

③ DESIGNATED TSD FACILITY

(AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)
NAME 3RD LAND FILL
EPA NO. CAD067286749
ADDRESS 2210 AZUSA AVE
CITY, STATE, ZIP CODE W. COVINA CA
PHONE NO. 564-0916

④ ALTERNATE TSD FACILITY

NAME _____
EPA NO. _____
ADDRESS _____
CITY, STATE, ZIP CODE _____
PHONE NO. _____

⑤ U. S. DOT PROPER SHIPPING NAME	U. S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS: NUMBER
WASTE <u>OIL & WATER</u>	<u>NONE</u>	-	<u>4000 GALS</u>	<u>GALS</u>	<input checked="" type="checkbox"/> DRUMS <input type="checkbox"/> BAGS <input type="checkbox"/> CARTONS <input type="checkbox"/> DUMP TRUCK
WASTE					<input checked="" type="checkbox"/> TANK TRUCK <input type="checkbox"/> OTHER

⑥ WASTE CATEGORY OIL & WATER ⑦ EX. HAZ. WASTE PERMIT NO. NONE ⑧ GENERATING PROCESS MACHINE WORK

⑨ LIST COMPONENTS: _____

⑩ WASTE PROPERTIES: PH 8 TOXIC ☐ FLAMMABLE ☐ CORROSIVE/IRRITANT ☐ REACTIVE ☐ SENSITIZER ☐ CARCINOGEN/MUTAGEN ☐

⑪ PHYSICAL STATE: ☐ SOLID ☒ LIQUID ☐ SLUDGE ☐ SLURRY ☐ GAS ☐ OTHER _____

⑫ SPECIAL HANDLING INSTRUCTIONS: ☒ GLOVES ☐ GOGGLES ☐ RESPIRATOR ☐ OTHER _____

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL
RESPONSE CENTER, U. S. COAST GUARD 1-800-424-8802.

SIGNATURE OF AUTHORIZED AGENT & TITLE W. J. Speck DATE SHIPPED 8-3-82

TRANSPORTER (HAULER MUST COMPLETE)

⑬ NAME LIQUID WASTE MANAGEMENT
EPA NO. CAD0000072843
ADDRESS P.O. BOX 1082
CITY, STATE, ZIP CODE SUN VALLEY, CALIFORNIA 91352
PHONE NO. (213) 767-4424

JOB NO. 03528
UNIT NO. 2

⑭ PICK-UP DATE 8-3-82
TIME ☐ AM ☐ PM

SIGNATURE OF AUTHORIZED AGENT & TITLE David K...

TSD FACILITY (OPERATOR MUST COMPLETE)

⑮ NAME TRIC
EPA NO. CAD067286749
⑯ QUANTITY (IF MEASURED) 13.01
⑰ STATE FEE (IF ANY) \$ 5204
⑱ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT _____
⑲ IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY: _____

⑳ HANDLING OR DISPOSAL METHOD:
☐ SURFACE IMPOUNDMENT ☐ LANDFILL
☐ INJECTION WELL ☐ LAND TREATMENT
☐ TREATMENT (SPECIFY) _____
☐ RECOVERY OR REUSE ☐ STORAGE/TRANSFER

NAME _____
EPA NO. _____
REVISED 11/80

SIGNATURE OF AUTHORIZED AGENT & TITLE W. J. Speck

DATE ACCEPTED 8-3-82

CALIFORNIA HAZARDOUS WASTE MANIFEST
STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P STREET, SACRAMENTO, CA 95814

363 - 01837

PRESS HARD

GENERATOR (GENERATOR MUST COMPLETE)

DESIGNATED TSD FACILITY

ALTERNATE TSD FACILITY

② NAME RENNY CORP.
EPA NO. 0153335334
ADDRESS 11855 SHERRAN WAY
CITY, STATE, ZIP CODE NO HOLLYWOOD, CA, 91605
PHONE NO. 765-1010
ORDER PLACED BY WILLIAM RECK ORDER DATE 7/13/82
P.O. CONTRACT NO. 100-102

(AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)
NAME RRK LANDFILL NAME
EPA NO. 020007280147 EPA NO.
ADDRESS 3210 AZUSA BLVD ADDRESS
CITY, STATE, ZIP CODE LA - COMINACB CITY, STATE, ZIP CODE
PHONE NO. 965-0911 PHONE NO.

⑤ U. S. DOT PROPER SHIPPING NAME	U. S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS: NUMBER
WASTE <u>OIL WATER</u>	<u>NONE</u>		<u>3800</u>	<u>GALS</u>	<input checked="" type="checkbox"/> DRUMS <input type="checkbox"/> BAGS <input type="checkbox"/> CARTONS <input type="checkbox"/> DUMP TRUCK
WASTE					<input checked="" type="checkbox"/> TANK TRUCK <input type="checkbox"/> OTHER

⑥ WASTE CATEGORY 48 ⑦ EX. HAZ. WASTE PERMIT NO. ⑧ GENERATING PROCESS SWP
⑨ LIST COMPONENTS: CONC. RANGE UNITS
A OIL WATER UPPER LOWER PPM E CONC. RANGE UNITS
B UPPER LOWER PPM F CONC. RANGE UNITS
C UPPER LOWER PPM G CONC. RANGE UNITS
D UPPER LOWER PPM
⑩ WASTE PROPERTIES: PH 8 ☐ TOXIC ☐ FLAMMABLE ☐ CORROSIVE/IRRITANT ☐ REACTIVE ☐ SENSITIZER ☐ CARCINOGEN/MUTAGEN
⑪ PHYSICAL STATE ☐ SOLID ☒ LIQUID ☒ SLUDGE ☒ SLURRY ☐ GAS ☐ OTHER NONHAZARDOUS MATERIAL 75% WATER
⑫ SPECIAL HANDLING INSTRUCTIONS: ☒ GLOVES ☐ GOGGLES ☐ RESPIRATOR ☐ OTHER

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL RESPONSE CENTER, U. S. COAST GUARD 1-800-424-8802.

⑬ William Reck SIGNATURE OF AUTHORIZED AGENT & TITLE
DATE SHIPPED 7/13/82

TRANSPORTER (HAULER MUST COMPLETE)

⑭ NAME LIQUID WASTE MANAGEMENT
EPA NO. CAD000072843
ADDRESS P.O. BOX 1082
CITY, STATE, ZIP CODE SUN VALLEY, CALIFORNIA 91352
PHONE NO. (213) 767-4424

JOB NO. 03071 ⑮ PICK-UP DATE 7-15-82
UNIT NO. 2 TIME AM ☐ PM ☐

⑯ Darryl Reck SIGNATURE OF AUTHORIZED AGENT & TITLE

TSD FACILITY (OPERATOR MUST COMPLETE)

⑰ NAME RRK ⑱ QUANTITY (IF MEASURED) 17.4 ⑲ HANDLING OR DISPOSAL METHOD:
EPA NO. ⑳ STATE FEE (IF ANY) \$13.14 ☐ SURFACE IMPOUNDMENT ☐ LANDFILL
②① INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT 17.2 ☐ INJECTION WELL ☐ LAND TREATMENT
②② IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY: ☐ TREATMENT (SPECIFY) ☐ STORAGE/TRANSFER
NAME ☐ RECOVERY OR REUSE
EPA NO. ②③ William Reck SIGNATURE OF AUTHORIZED AGENT & TITLE
REVISED 11/80 DATE ACCEPTED 7/15/82

SEE REVERSE SIDES FOR
INSTRUCTIONS. PLEASE TYPE
OR PRINT CLEARLY.

PRESS HARD

CALIFORNIA HAZARDOUS WASTE MANIFEST

STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P STREET, SACRAMENTO, CA 95814

363-038700

GENERATOR

(GENERATOR MUST COMPLETE)

③ NAME WILLIAMS CORP.
EPA NO. 00000000000000000000
ADDRESS 1000 STEVENSON WAY
CITY, STATE, ZIP CODE WILSON, CALIF 91602
PHONE NO. 714-253-1000
ORDER PLACED BY JOHN SPENCER ORDER DATE 7-29
P.O. CONTRACT NO. 1000-253200

③ DESIGNATED TSD FACILITY

(AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)

NAME WILLIAMS CORP.
EPA NO. 00000000000000000000
ADDRESS 2210 HANCOCK PIKE
CITY, STATE, ZIP CODE WILSON, CALIF 91602
PHONE NO. 562-0746

④ ALTERNATE TSD FACILITY

NAME _____
EPA NO. _____
ADDRESS _____
CITY, STATE, ZIP CODE _____
PHONE NO. _____

⑤ U. S. DOT PROPER SHIPPING NAME

WASTE OIL & WATER
WASTE _____

U. S. DOT HAZARD CLASS

NOIIE

UN/NA I.D. NO.

WEIGHT OR VOLUME

3500 GALS.

UNITS

CONTAINERS: NUMBER

DRUMS
TANK TRUCK

BAGS
OTHER

CARTONS

DUMP TRUCK

⑥ WASTE CATEGORY OIL & WATER

⑦ LIST COMPONENTS:

CONC. RANGE
UPPER LOWER

UNITS

	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS	PPM	E	PPM	F	PPM	G	PPM
A			%							
B			%							
C			%							
D			%							

⑧ GENERATING PROCESS ARCHIVE

CONC. RANGE
UPPER LOWER

UNITS

⑩ WASTE PROPERTIES: PH 7 ☒ TOXIC ☐ FLAMMABLE ☐ CORROSIVE/IRRITANT ☐ REACTIVE ☐ SENSITIZER ☐ CARCINOGEN/MUTAGEN

⑪ PHYSICAL STATE: ☐ SOLID ☒ LIQUID ☐ SLUDGE ☐ SLURRY ☐ GAS ☐ OTHER

⑫ SPECIAL HANDLING INSTRUCTIONS: ☒ GLOVES ☐ GOGGLES ☐ RESPIRATOR ☐ OTHER

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA:

IN THE EVENT OF A SPILL CONTACT THE NATIONAL
RESPONSE CENTER, U. S. COAST GUARD 1-800-424-8802.

⑬ John Spencer
SIGNATURE OF AUTHORIZED AGENT & TITLE

DATE SHIPPED

TRANSPORTER

(HAULER MUST COMPLETE)

⑭ NAME LIQUID WASTE MANAGEMENT

EPA NO. CAD0000072843
ADDRESS P.O. BOX 1082
CITY, STATE, ZIP CODE SUN VALLEY, CALIFORNIA 91351
PHONE NO. (213) 767-4424

JOB NO.

UNIT NO.

⑮ PICK UP DATE

TIME

☐ AM ☐ PM

⑯ John Spencer
SIGNATURE OF AUTHORIZED AGENT & TITLE

TSD FACILITY

(OPERATOR MUST COMPLETE)

⑰ NAME

EPA NO. _____

⑱ QUANTITY (IF MEASURED)

⑲ STATE FEE (IF ANY) \$

⑳ HANDLING OR DISPOSAL METHOD:

☐ SURFACE IMPOUNDMENT ☐ LANDFILL
☐ INJECTION WELL ☐ LAND TREATMENT
☐ TREATMENT (SPECIFY) ☐ STORAGE/TRANSFER
☐ RECOVERY OR REUSE

㉑ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT.

㉒ IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY

NAME

EPA NO. _____

REVISED 11/80

㉓

SIGNATURE OF AUTHORIZED AGENT & TITLE

DATE ACCEPTED

SEE REVERSE SIDES FOR
INSTRUCTIONS. PLEASE TYPE
OR PRINT CLEARLY.

PRESS HARD

CALIFORNIA HAZARDOUS WASTE MANIFEST
STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P STREET, SACRAMENTO, CA 95814

363 - 002685

GENERATOR

(GENERATOR MUST COMPLETE)

DESIGNATED TSD FACILITY

ALTERNATE TSD FACILITY

③ NAME BENDIX CORP
EPA NO. CA4008323337
ADDRESS 11600 SHERMAN WAY
CITY, STATE, ZIP CODE N. HOLLYWOOD, CAL
PHONE NO. 765-1010
ORDER PLACED BY W.J. SPECK ORDER DATE 4-13
P.O. / CONTRACT NO. 8063-253202

(AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)
NAME BKK LANDFILL
EPA NO. CA40047904797
ADDRESS 2210 AZUSA AVE
CITY, STATE, ZIP CODE W. COVINA, CAL
PHONE NO. 565-0718

NAME _____
EPA NO. _____
ADDRESS _____
CITY, STATE, ZIP CODE _____
PHONE NO. _____

U. S. DOT PROPER SHIPPING NAME

U. S. DOT HAZARD CLASS

UN/NA I.D. NO.

WEIGHT OR VOLUME

UNITS

CONTAINERS: NUMBER

WASTE Oil & WATER HAZARD CLASS NOVE UN/NA I.D. NO. * WEIGHT OR VOLUME 3500 UNITS gal
WASTE _____ CONTAINERS: NUMBER _____
DRUMS _____ BAGS _____ CARTONS _____ DUMP TRUCK _____
TANK TRUCK _____ OTHER _____

WASTE CATEGORY Oil & WATER

EX. HAZ. WASTE PERMIT NO. NOVE

GENERATING PROCESS Mechanical Work

⑥ LIST COMPONENTS: _____ CONC. RANGE _____ UNITS _____
A _____ UPPER LOWER _____ % PPM E _____
B _____ PPM F _____
C _____ PPM G _____
D _____ PPM NONHAZARDOUS MATERIAL _____ %

⑩ WASTE PROPERTIES: PH _____ TOXIC _____ FLAMMABLE _____ CORROSIVE/IRRITANT _____ REACTIVE _____ SENSITIZER _____ CARCINOGEN/MUTAGEN _____
⑪ PHYSICAL STATE: _____ SOLID _____ LIQUID _____ SLUDGE _____ SLURRY _____ GAS _____ OTHER _____
⑫ SPECIAL HANDLING INSTRUCTIONS: _____ GLOVES _____ GOGGLES _____ RESPIRATOR _____ OTHER _____

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPCRA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL
RESPONSE CENTER, U. S. COAST GUARD 1-800-424-8802.

⑬ W. J. Speck, Supervisor 4-13
SIGNATURE OF AUTHORIZED AGENT & TITLE DATE SHIPPED

TRANSPORTER

(HAULER MUST COMPLETE)

⑭ NAME LIQUID WASTE MANAGEMENT

EPA NO. CA40000072843

ADDRESS P.O. BOX 1082

CITY, STATE, ZIP CODE SUN VALLEY, CALIFORNIA 91352

PHONE NO. (213) 767-4424

JOB NO. 12154

UNIT NO. 3

⑮ PICK-UP DATE 4-13-82
TIME _____ AM _____ PM

SIGNATURE OF AUTHORIZED AGENT & TITLE

TSD FACILITY

(OPERATOR MUST COMPLETE)

⑰ NAME CA4000780749

EPA NO. CA4000780749

⑱ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT _____

⑲ IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY:

NAME _____

EPA NO. _____

REVISED 11/80

⑳ QUANTITY (IF MEASURED) 11.72

㉑ STATE FEE (IF ANY) \$ 11.72

HANDLING OR DISPOSAL METHOD:

☐ SURFACE IMPOUNDMENT ☒ LANDFILL
☐ INJECTION WELL ☐ LAND TREATMENT
☐ TREATMENT (SPECIFY) _____
☐ RECOVERY OR REUSE ☐ STORAGE/TRANSFER

SIGNATURE OF AUTHORIZED AGENT & TITLE

DATE ACCEPTED 4/13/82

See reverse side for instructions.

Please type or print clearly. Press Hard.

HAZARDOUS WASTE MANIFEST

State Department of Health Services

HAZARDOUS MATERIALS MANAGEMENT SECTION

744 P Street, Sacramento, CA 95814

1 Manifest Number

147 000657

GENERATOR

(GENERATOR MUST COMPLETE)

2 Name **BENDIX CORP**

EPA # **CAD 008 325 J 18**

Address **11600 Sherman Way**

City, State, Zip **North Hollywood 91603**

Name **CASHALIA DISPOSAL**

EPA # **CAD 080 748 125**

Address **810 Rd**

City, State, Zip **Casmalia 93429**

4 Alternate TSD Facility

Name

EPA #

Address

City, State, Zip

U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA ID NO.	WEIGHT OR VOLUME	UNITS	NUMBER OF CONTAINERS
WASTE Cyanide solution nos	Poison B	UN1935	55gal	3	
WASTE					

TYPE: ☒ DRUMS ☐ BAGS ☐ CARTONS
☐ TANK TRUCK ☐ DUMP TRUCK
☐ OTHER

6 Waste Category **22**

P030

7 Ext. Haz. Waste Permit No.

3-2672

8 Generating Process

Plating

LIST COMPONENTS:

Sodium Cyanide

CONCENTRATION RANGE
UPPER LOWER

2.5

UNITS

LIST COMPONENTS:

CONCENTRATION RANGE
UPPER LOWER

UNITS

10 WASTE PROPERTIES: pH **12**

☐ Toxic

☐ Flammable

☐ Corrosive

☐ Reactive

☐ Sensitizer

☐ Carcinogen/Mutagen

11 PHYSICAL STATE:

☐ Solid

☒ Liquid

☐ Sludge

☐ Slurry

☐ Gas

12 SPECIAL HANDLING INSTRUCTIONS:

☒ Gloved and Goggles ☐ Respirator

GENERATOR CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked, labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and EPA.

IN THE EVENT OF A SPILL, CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802

W. J. Schelstraet
Authorized Agent and Title

Date Shipped **4-6-82**

TRANSPORTER

(HAULER MUST COMPLETE)

14 TRANSPORTER NAME **Containerized Chemical Disposal Inc.**

ADDRESS **P.O. Box 1142**

PHONE **(213) 445-5344**

CITY, STATE, ZIP **Monrovia, CA 91016**

EPA NO. **CAD 000 061 148 3**

Time **9:20** AM ☐ PM

18 Signature of Authorized Agent and Title

Date **4/6/82**

TSD FACILITY

(FACILITY-OPERATOR MUST COMPLETE)

164752

17 NAME **Casmalia Resources**

EPA NO. **CAD 020 748 125**

PHONE NO.

18 QUANTITY (If Measured)

19 STATE FEE (If Any)

20 INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT:

IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY:

22 Designated TSD Facility Name

W. J. Schelstraet
Authorized Agent and Title

21 HANDLING OR DISPOSAL METHOD:

☐ Surface Impoundment ☒ Landfill

☐ Injection Well ☐ Land Treatment

☐ Treatment (Specify)

☐ Recovery or Re-use ☐ Storage/Transfer

☐ Recycle

EPA NO. **4-07-82**
Date Accepted

Copy 1-WHITE: TSD Facility Keeps

Copy 2-GREEN: TSD Facility Sends to DOHS

Copy 3-PINK: To Generator from TSD Facility

Copy 4-BLUE: Generator Sends to DOHS

Copy 4-GOLDENROD: Generator Keeps

SEE REVERSE SIDES FOR
INSTRUCTIONS. PLEASE TYPE
OR PRINT CLEARLY.

PRESS HARD

CALIFORNIA HAZARDOUS WASTE MANIFEST
STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P STREET, SACRAMENTO, CA 95814

363-002817

02911

GENERATOR

(GENERATOR MUST COMPLETE)

① NAME PLINDIX CORP
EPA NO. CAD000325934
ADDRESS 11600 SHERMAN WAY
CITY, STATE, ZIP CODE W. HOLLYWOOD CAL
PHONE NO. 765-1010
ORDER PLACED BY W. J. SPICK ORDER DATE 3-24
P.O. NO. 363-002817
CONTRACT NO. 02911

② DESIGNATED TSD FACILITY

(AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)

NAME W. J. SPICK
EPA NO. CAD000325934
ADDRESS 2210 72ND AVE
CITY, STATE, ZIP CODE W. HOLLYWOOD CAL
PHONE NO. 965-0916

③ ALTERNATE TSD FACILITY

NAME _____
EPA NO. _____
ADDRESS _____
CITY, STATE, ZIP CODE _____
PHONE NO. _____

④ U. S. DOT PROPER SHIPPING NAME

WASTE COOLANT & WATER
WASTE _____

U. S. DOT HAZARD CLASS

UN/NA I.D. NO.

WEIGHT OR VOLUME

UNITS

CONTAINERS: NUMBER

DRUMS
TANK TRUCK

BAGS
OTHER

DUMP TRUCK

⑤ WASTE CATEGORY COOLANT & WATER

⑥ EX. HAZ. WASTE PERMIT NO.

⑦ GENERATING PROCESS MAINTENANCE WORK

⑧ LIST COMPONENTS:

CONC. RANGE

UNITS

CONC. RANGE

UNITS

A COOLANT & WATER
B _____
C _____
D _____

PPM
PPM
PPM
PPM

E
F
G

NONHAZARDOUS MATERIAL _____ %

PPM
PPM
PPM

⑨ WASTE PROPERTIES: PH 8 ☒ TOXIC ☐ FLAMMABLE ☐ CORROSIVE/IRRITANT ☐ REACTIVE ☐ SENSITIZER ☐ CARCINOGEN/MUTAGEN

⑩ PHYSICAL STATE: ☐ SOLID ☒ LIQUID ☐ SLUDGE ☐ SLURRY ☐ GAS ☐ OTHER

⑪ SPECIAL HANDLING INSTRUCTIONS: ☒ GLOVES ☒ GOGGLES ☐ RESPIRATOR ☐ OTHER

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL
RESPONSE CENTER, U. S. COAST GUARD 1-800-424-8802.

SIGNATURE OF AUTHORIZED AGENT & TITLE

DATE SHIPPED

TRANSPORTER

(HAULER MUST COMPLETE)

① NAME LIQUID WASTE MANAGEMENT

EPA NO. CAD0000072843
ADDRESS P.O. BOX 1082
CITY, STATE, ZIP CODE SUN VALLEY CALIFORNIA 91382
PHONE NO. (213) 767-4424

JOB NO. 2911

UNIT NO. 3

② PICK-UP DATE 3/25/88

TIME 7:30 AM ☐ PM

SIGNATURE OF AUTHORIZED AGENT & TITLE

TSD FACILITY

(OPERATOR MUST COMPLETE)

① NAME _____
EPA NO. _____

② QUANTITY (IF MEASURED) 11.5

③ STATE FEE (IF ANY) \$ 1600

④ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT

⑤ HANDLING OR DISPOSAL METHOD:

☐ SURFACE IMPOUNDMENT ☐ LANDFILL

☐ INJECTION WELL ☐ LAND TREATMENT

☐ TREATMENT (SPECIFY) _____

☐ RECOVERY OR REUSE ☐ STORAGE/TRANSFER

⑥ IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY

NAME _____
EPA NO. _____

SIGNATURE OF AUTHORIZED AGENT & TITLE

DATE ACCEPTED

PRESS HARD

STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P STREET, SACRAMENTO, CA 95814

363 - 002576

(GENERATOR MUST COME

③ DESIGNATED TSD FACILITY

④ ALTERNATE TSD FACILITY

AUTHORIZED TO OPERATE UNDER AN AP
 NAME RAIT LANDFILL
 EPA NO. CAD067286749
 ADDRESS 2210 AZUSA AVE
 CITY, STATE, W. COVINA, CAL
 ZIP CODE 91799
 PHONE NO. 565-6916

[illegible]

U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS	NUMBER
WASTE OIL & WATER	NONE		3500	gal	<input checked="" type="checkbox"/> DRUMS	<input type="checkbox"/> BAGS <input type="checkbox"/> CARTONS <input type="checkbox"/> DUMP TRUCK
WASTE					<input checked="" type="checkbox"/> TANK TRUCK	<input type="checkbox"/> OTHER

☒ WASTE CATEGORY: ENVIRONMENTAL
☐ EX. HAZ. WASTE PERMIT NO. None
☐ GENERATING PROCESS: MACHINERY WORK

☐ LIST COMPONENTS: _____

A	B	C	D	UNIT	PPM	E	F	G	CONC. RANGE		UNITS	
									UPPER	LOWER	%	PPM

☐ WASTE PROPERTIES: PH 8 ☐ TOXIC ☐ FLAMMABLE ☐ CORROSIVE/IRRITANT ☐ REACTIVE ☐ SENSITIZER ☐ CARCINOGEN/MUTAGEN

☐ PHYSICAL STATE: ☐ SOLID ☒ LIQUID ☐ SLUDGE ☐ SLURRY ☐ GAS ☐ OTHER

☐ SPECIAL HANDLING INSTRUCTIONS: ☒ GLOVES ☐ BOOGIES ☐ RESPIRATOR ☐ OTHER

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL
RESPONSE CENTER, U. S. COAST GUARD 1-800-424-8802.

⑬ W. J. Speck, Supervisor, Trades 3-7-5-8
SIGNATURE OF AUTHORIZED AGENT & TITLE DATE SHIPPED

(HAULER MUST COMPLETE)

(13) NAME **LIQUID WASTE MANAGEMENT**
 EPA NO.

C	A	D	0	0	0	0	7	2	8	1	3
---	---	---	---	---	---	---	---	---	---	---	---

 ADDRESS **P.O. BOX 1082**
 CITY, STATE **SUN VALLEY, CALIFORNIA 91352**
 ZIP CODE
 PHONE NO. **(213) 767-4424**

JOB NO. _____
UNIT NO. _____

PICK-UP DATE 3-10-62
TIME 2 AM PM

(16) NAME
SIGNATURE OF AUTHORIZED AGENT & TITLE

(OPERATOR MUST COMPLETE)

⑪ NAME 13K15 ⑫ QUANTITY (IF MEASURED) 17.29
 EPA NO. CA1067786749 ⑬ STATE FEE (IF ANY) \$ 17.29
 ⑭ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT _____

②② IF WASTE IS HELD FOR DELIVERY ELSEWHERE SPECIFY THE DESIGNATED TSD FACILITY

[illegible]

1985 MANIFESTS

8053-565892

(Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address ALLIED CORPORATION-Bendix Electrodynamics Division 11600 Sherman Way, N. Hollywood, CA 91605		C A D 0 0 8 3 2 5 3 3 4 1 0 0 0 3 9		A. State Manifest Document Number 8435265U		
4. Generator's Phone (818) 765-1010		6. US EPA ID Number		B. State Generator's ID CADO 08325334		
5. Transporter 1 Company Name OIL & SOLVENT PROCESS CO		7. US EPA ID Number I C A D 0 0 8 3 0 2 9 0 3		C. State Transporter's ID L-583		
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone (818) 334-5117		
9. Designated Facility Name and Site Address OIL & SOLVENT PROCESS CO. 1704 First St. Azusa, CA 91702		10. US EPA ID Number I C A D 0 0 8 3 0 2 9 0 3		E. State Transporter's ID		
				F. Transporter's Phone		
				G. State Facility's ID CADO 08302903		
				H. Facility's Phone (818) 334-5117		
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers		13. Total Quantity	14. Unit	15. Waste No.
a. WASTE TRICHLOROETHANE ORM-A UN 2831		0 0 1 D M 0 0 0 5 0 G				211
b. WASTE FLAMMABLE LIQUID NOS UN 1993		0 0 2 D M 0 0 2 5 0 G				214
c. WASTE FLAMMABLE LIQUID NOS UN 1993		0 0 2 D M 0 0 1 0 0 G				461
d. HAZARDOUS WASTE LIQUID NOS ORM-A NA-918972		0 0 1 D M 0 0 0 5 0 G				211
J. Additional Descriptions for Materials Listed Above a. 1 Trl-95%, a. 2 oil & grease-5% b. 1 oil-70% b. 2 heptane-30% c. 1 paints 40% c. 2 various thinners 40% d. 1 Freon-90% d. 2 flux-10%		K. Handling Codes for Wastes Listed Above H-1 B-1 S-1				
15. Special Handling Instructions and Additional Information GLOVES AND GOGGLES						
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.						
Printed/Typed Name R.J. SLATTERBECK		Signature <i>[Signature]</i>		Date Month Day Year 10 25 85		
17. Transporter 1 Acknowledgement of Receipt of Materials		Signature <i>[Signature]</i>		Date Month Day Year 10 25 85		
18. Transporter 2 Acknowledgement or Receipt of Materials		Signature <i>[Signature]</i>		Date Month Day Year 10 25 85		
19. Discrepancy Indication Space N/A Plant Engineering						
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.						
Printed/Typed Name <i>[Signature]</i>		Signature <i>[Signature]</i>		Date Month Day Year 10 25 85		

Please print or type. (Form designed for use on elite (12-pitch) typewriter)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. CA 000832533400036	Manifest Document No. 00036	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address ALLIED CORPORATION-Bendix Electrodynamics Division 11600 Sherman Way, N. Hollywood, CA 91605			A. State Manifest Document Number 84352546		
4. Generator's Phone (818) 765-1010			B. State Generator's ID CADO 08325334		
5. Transporter 1 Company Name VAN WATERS & ROGERS			C. State Transporter's ID 63198 265-8123		
6. US EPA ID Number C A D 0 0 9 2 3 0 2 4 4			D. Transporter's Phone (213) 265-8123		
7. Transporter 2 Company Name VAN WATERS & ROGERS			E. State Transporter's ID 63178		
8. US EPA ID Number C A D 0 0 9 2 3 0 2 4 4			F. Transporter's Phone		
9. Designated Facility Name and Site Address VAN WATERS & ROGERS 1363 S. Bonnie Beach Pl. Los Angeles, CA 90023			G. State Facility's ID CADO 09230244		
10. US EPA ID Number C A D 0 0 9 2 3 0 2 4 4			H. Facility's Phone (213) 265-8123		
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)			12. Containers No.	13. Total Quantity	14. Unit Wt/Vol
a. WASTE, TRICHLOROETHANE III ORM-A UN 2831			003	DM	150 G
b.					
c.					
d.					
J. Additional Descriptions for Materials Listed Above TRI - 80% Water 5% OIL 15%			K. Handling Codes for Wastes Listed Above R01		
15. Special Handling Instructions and Additional Information GOGGLES AND GLOVES ORMEGA CHEMICAL CORP (213) 698-0991 12504 E. WHITTIER BL. WHITTIER, CAL. 90602 CAD # 042245001					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.					
Printed/Typed Name R. SLATTERBECK			Signature <i>[Signature]</i>		Date Month Day Year 10 15 85
17. Transporter 1 Acknowledgement of Receipt of Materials			Signature <i>[Signature]</i>		Date Month Day Year 10 15 85
Printed/Typed Name VINCENT PONCE JR.			Signature <i>[Signature]</i>		Date Month Day Year 10 15 85
18. Transporter 2 Acknowledgement or Receipt of Materials			Signature <i>[Signature]</i>		Date Month Day Year 10 15 85
Printed/Typed Name VINCENT PONCE JR.			Signature <i>[Signature]</i>		Date Month Day Year 10 15 85
19. Discrepancy Indication Space Plant Engineering					
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.					
Printed/Typed Name <i>[Signature]</i>			Signature <i>[Signature]</i>		Date Month Day Year 10 15 85

8053-562-348

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. C A D 0 0 8 3 2 5 3 3 4 0 0 0 3	Manifest Document No. 1	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address ALLIED CORPORATION-Bendix Electrodynamics Division 11600 Sherman Way, N. Hollywood, CA 91605			A. State Manifest Document Number 84352640			
4. Generator's Phone (918) 765-1010			B. State Generator's ID CADO 08325334			
5. Transporter 1 Company Name DISPOSAL CONTROL SERVICE			C. State Transporter's ID 54998			
6. US EPA ID Number C A T 0 8 0 0 3 4 1 8 4			D. Transporter's Phone 818* 824-3345			
7. Transporter 2 Company Name			E. State Transporter's ID			
8. US EPA ID Number			F. Transporter's Phone			
9. Designated Facility Name and Site Address DEMENNO/KERDOON 2100 N. Alameda St., Compton, CA 90222			G. State Facility's ID CATO 80013352			
10. US EPA ID Number C A T 0 8 0 0 1 3 3 5 2			H. Facility's Phone (213) 637-7100			
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)			12. Containers No.	13. Total Quantity	14. Unit Wt/Vol	Waste No.
a. WASTE PETROLEUM OIL N.O.S./COMBUSTIBLE LIQUID UN 12700 0 1			CT	02600	G	222
b.						
c.						
d.						
J. Additional Descriptions for Materials Listed Above Water Soluble Oils - 4% OILS - 20% Water 76% E-7476			K. Handling Codes for Wastes Listed Above 01			
15. Special Handling Instructions and Additional Information GOGGLES AND GLOVES						
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.						
Printed/Typed Name W J SPECK			Signature <i>[Signature]</i>		Date Month Day Year 08 09 85	
17. Transporter 1 Acknowledgement of Receipt of Materials			Signature <i>[Signature]</i>		Date Month Day Year 08 09 85	
Printed/Typed Name JAMES LAWRENCE			Signature <i>[Signature]</i>		Date Month Day Year 08 09 85	
18. Transporter 2 Acknowledgement or Receipt of Materials			Signature AUG 26 1985		Date Month Day Year 08 09 85	
Printed/Typed Name			Signature		Date Month Day Year	
19. Discrepancy Indication Space Plant Engineering						
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.						
Printed/Typed Name GARY SHAW			Signature <i>[Signature]</i>		Date Month Day Year 08 10 85	

8053-562319

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. C A D O 0 8 3 2 5 3 3 4 0 0 0 3 0	Manifest Document No. 0 0 0 0 3 0	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address ALLIED CORPORATION-Bendix Electrodynamics Division 11600 Sherman Way, No. Hollywood, CA 91605		A. State Manifest Document Number 84352639				
4. Generator's Phone (818) 765-1010		B. State Generator's ID CADO 08325334				
5. Transporter 1 Company Name OIL & SOLVENT PROCESS CO		6. US EPA ID Number C A D O 0 8 3 0 2 9 0 3		C. State Transporter's ID 67-82	D. Transporter's Phone (818) 334-5117	
7. Transporter 2 Company Name		8. US EPA ID Number		E. State Transporter's ID	F. Transporter's Phone	
9. Designated Facility Name and Site Address OIL & SOLVENT PROCESS CO. 1704 First St Azusa, CA 91702		10. US EPA ID Number C A D O 0 8 3 0 2 9 0 3		G. State Facility's ID CADO 08302903	H. Facility's Phone (919) (818) 334-5117	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	15. Waste No.
a. WASTE FLAMMABLE LIQUID NOS UN 1993		0 1 1	D M	0 0 5 5 0	G	214
b. WASTE HAZARDOUS LIQUID ORME UN 9189		0 0 2	D M	0 0 1 0 0	G	211
c. WASTE COMBUSTIBLE LIQUID NOS NA 1993		0 0 1	D M	0 0 0 5 0	G	214
d. WASTE TRICHLOROETHANE ORMA UN 2831		0 0 1	D M	0 0 0 5 0	G	211
J. Additional Descriptions for Materials Listed Above a) Kerosene 65% oil 35%, Hydraulic oil 70% & Heptane 30% Skydrol 70% & Heptane 30% b) Freon 85% & Flux 15% c) Kerosene 75% & Dye 25% d) Tri 85% & Oil 15%.		K. Handling Codes for Wastes Listed Above A - 01 B - 01 C - 01 D - 01				
15. Special Handling Instructions and Additional Information GLOVES AND GOGGLES		EL00564 & 00566+00565+00567				
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.		Date Month Day Year 8 16 1985				
Printed/Typed Name R.J. Slatterbeck		Signature		Date Month Day Year 8 16 1985		
17. Transporter 1 Acknowledgement of Receipt of Materials		Signature		Date Month Day Year 8 16 1985		
Printed/Typed Name		Signature		Date Month Day Year 8 16 1985		
18. Transporter 2 Acknowledgement or Receipt of Materials		Signature		Date Month Day Year 8 16 1985		
Printed/Typed Name		Signature		Date Month Day Year 8 16 1985		
19. Discrepancy Indication Space JIA		Plant Engineering				
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.		Date Month Day Year 8 16 1985				
Printed/Typed Name		Signature		Date Month Day Year 8 16 1985		

P O 8053-563890

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. C A D 0 0 8 3 2 5 3 3 4 0 0 0 1		Manifest Document No. of 1		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address ALLIED CORPORATION-Bendix Electrodynamics Division 11800 Sherman Way, N. Hollywood, CA 91605						A. State Manifest Document Number 84352623			
4. Generator's Phone (818) 765-1010						B. State Generator's ID CADO 08325334			
5. Transporter 1 Company Name DISPOSAL CONTROL SERVICE				6. US EPA ID Number I C A T 0 8 0 0 3 4 1 8 4		C. State Transporter's ID 54997			
7. Transporter 2 Company Name				8. US EPA ID Number		D. Transporter's Phone (818) 824-3345			
9. Designated Facility Name and Site Address DENENNO/KERDOON 2100 N. Alameda St., Compton, CA 90222						E. State Transporter's ID			
10. US EPA ID Number I C A T 0 8 0 0 1 3 3 5 2						F. Transporter's Phone			
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers		13. Total Quantity	
						No. Type		14. Unit Wt/Vol	
a. WASTE PETROLEUM OIL N.O.S./COMBUSTIBLE LIQUID UN 1270						0 0 1 C T 0 2 5 0 0 G		222	
b.									
c.									
d.									
J. Additional Descriptions for Materials Listed Above						K. Handling Codes for Wastes Listed Above			
Water Soluble Oils - 3 Oils - 10 Water - 87						01			
15. Special Handling Instructions and Additional Information GOGGLES AND GLOVES									
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.									
Printed/Typed Name R.J. Slatterbeck						Signature 		Date Month Day Year 05 01 85	
17. Transporter 1 Acknowledgement of Receipt of Materials						Signature 		Date Month Day Year 05 01 85	
Printed/Typed Name RANDY ALLAN									
18. Transporter 2 Acknowledgement or Receipt of Materials						Signature 		Date Month Day Year 05 01 85	
Printed/Typed Name									
19. Discrepancy Indication Space						Plant Engineering			
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.									
Printed/Typed Name Aljo L. Williams						Signature 		Date Month Day Year 05 01 85	

8053-56130

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. C A D 0 0 8 3 2 5 3 3 4 0 0 0 2 0		Manifest Document No. of 1		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.					
3. Generator's Name and Mailing Address ALLIED CORPORATION-Bendix Electrodynamics Division 11600 Sherman Way, N. Hollywood, CA 91605						A. State Manifest Document Number 84352627							
4. Generator's Phone () (818) 765-1010						B. State Generator's ID CADO 08325334							
5. Transporter 1 Company Name DISPOSAL CONTROL SERVICE						C. State Transporter's ID 56102							
6. US EPA ID Number C A T 0 8 0 0 3 4 1 8 4						D. Transporter's Phone 818*-824-3345							
7. Transporter 2 Company Name						E. State Transporter's ID							
8. US EPA ID Number						F. Transporter's Phone							
9. Designated Facility Name and Site Address DEMENNO/KERDOON 2100 N. Alameda St., Compton, CA 90222						G. State Facility's ID CATO 80013352							
10. US EPA ID Number C A T 0 8 0 0 1 3 3 5 2						H. Facility's Phone (213) 637-7100							
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers		13. Total Quantity		14. Unit Wt/Vol		15. Waste No.	
a. WASTE PETROLEUM OIL N.O.S./COMBUSTIBLE LIQUID UN1270						0 0 1 C T		2 4 0 0		G		222	
b.													
c.													
d.													
J. Additional Descriptions for Materials Listed Above Water Soluble Oils - 3% Oils - 30% Water - 67%						K. Handling Codes for Wastes Listed Above 01							
15. Special Handling Instructions and Additional Information GOGGLES AND GLOVES													
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.													
Printed/Typed Name RON SLATTERBECK						Signature 		Date Month Day Year 10 7 1 2 1 8 5					
17. Transporter 1 Acknowledgement of Receipt of Materials						Signature 		Date Month Day Year 10 7 1 2 1 8 5					
18. Transporter 2 Acknowledgement or Receipt of Materials						Signature JUL 21 1985 Plant Engineering		Date Month Day Year 10 7 1 2 1 8 5					
19. Discrepancy Indication Space													
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.													
Printed/Typed Name						Signature 		Date Month Day Year 10 7 1 2 1 8 5					

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address		ALLIED CORPORATION-Bendix Electrodynamics Division 11600 Sherman Way, N. Hollywood, CA 91605		A. State Manifest Document Number 34352624		
4. Generator's Phone (818) 765-1010		6. US EPA ID Number		B. State Generator's ID CADO 08325334		
5. Transporter 1 Company Name		VAN WATERS & ROGERS		C. State Transporter's ID 63147		
7. Transporter 2 Company Name		VAN WATERS & ROGERS		D. Transporter's Phone (213) 256-8123		
9. Designated Facility Name and Site Address		VAN WATERS & ROGERS 1363 S. Bonnie Beach P.. Los Angeles, CA 90023		E. State Transporter's ID		
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		WASTE TRICHLOROETHANE III ORM-A UN 2831		F. Transporter's Phone		
12. Containers		No. Type		G. State Facility's ID CADO 09230244		
13. Total Quantity		0040000200 G		H. Facility's Phone (213) 265-8123		
14. Unit Wt/Vol		G		I. Waste No. F001		
15. Special Handling Instructions and Additional Information		GOGGLES AND GLOVES		J. Additional Descriptions for Materials Listed Above		
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.		K. Handling Codes for Wastes Listed Above		Date Month Day Year 06 19 85		
17. Transporter 1 Acknowledgement of Receipt of Materials		Printed/Typed Name R. SLATTERBECK		Signature <i>[Signature]</i>		Date Month Day Year 06 19 85
18. Transporter 2 Acknowledgement or Receipt of Materials		Printed/Typed Name B. B. MARTINEZ		Signature <i>[Signature]</i>		Date Month Day Year 06 19 85
19. Discrepancy Indication Space		Plant Engineering		JUN 21 1985		
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.		Printed/Typed Name K. J. S. Ward		Signature <i>[Signature]</i>		Date Month Day Year 06 17 85

8053-563772

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. CAD00832533400018		Manifest Document No. of 1		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address ALLIED CORPORATION-Bendix Electrodynamics Division 11600 Sherman Way, N. Hollywood, CA 91605		4. Generator's Phone (818) 765-1010		A. State Manifest Document Number 84352622		B. State Generator's ID CAD008325334		C. State Transporter's ID 54998	
5. Transporter 1 Company Name DISPOSAL CONTROL SERVICE		6. US EPA ID Number LCAT080034184		D. Transporter's Phone (818) 824-3345		E. State Transporter's ID		F. Transporter's Phone	
7. Transporter 2 Company Name		8. US EPA ID Number		G. State Facility's ID CAT080013352		H. Facility's Phone (213) 537-7100			
9. Designated Facility Name and Site Address DEMENNO/KERDOON 2100 N. Alameda St Compton, CA 90222		10. US EPA ID Number LCAT080013352							
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)				12. Containers		13. Total Quantity		14. Unit	
a. WASTE PETROLEUM OIL N.O.S./COMBUSTIBLE LIQUID UN 1270				No. 001 Type CT		2000		G	
b.									
c.									
d.									
J. Additional Descriptions for Materials Listed Above Water Soluble Oils - 4% Oils - 30% Water - 66%				K. Handling Codes for Wastes Listed Above 01					
15. Special Handling Instructions and Additional Information GOGGLES AND GLOVES									
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.									
Printed/Typed Name R.J. Slatterbeck				Signature <i>[Signature]</i>		Date Month Day Year 05/15/85			
17. Transporter 1 Acknowledgement of Receipt of Materials				Signature <i>[Signature]</i>		Date Month Day Year 05/15/85			
18. Transporter 2 Acknowledgement or Receipt of Materials				Signature <i>[Signature]</i>		Date Month Day Year 05/15/85			
19. Discrepancy Indication Space				RECEIVED JUN 24 1985 Plant Engineering					
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.									
Printed/Typed Name <i>[Signature]</i>				Signature <i>[Signature]</i>		Date Month Day Year 05/15/85			

63107

Form designed for use on elite (12-pitch) typewriter.)

**UNIFORM HAZARDOUS
WASTE MANIFEST**

1. Generator's US EPA ID No.

C A D 0 0 8 3 2 5 3 3 4 0 0 0 1 5

Manifest
Document No.

2. Page 1
of 1

Information in the shaded areas
is not required by Federal
law.

3. Generator's Name and Mailing Address

ALLIED CORPORATION-Bendix Electrodynamics Division
11600 Sherman Way, No. Hollywood, CA 91605

4. Generator's Phone (818) 765-1010

5. Transporter 1 Company Name

OIL & SOLVENT PROCESS CO

6. US EPA ID Number

C A D 0 0 8 3 0 2 9 0 3

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

OIL & SOLVENT PROCESS CO.
1704 First St.
Azusa, CA 91702

10. US EPA ID Number

C A D 0 0 8 3 0 2 9 0 3

A. State Manifest Document Number

84352621

B. State Generator's ID

CAD008325334

C. State Transporter's ID

53155

D. Transporter's Phone (818) 334-5117

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

CAD008302903

H. Facility's Phone

(818) 334-5117

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers

13. Total
Quantity

14. Unit
Wt/Vol

Waste No.

a. WASTE FLAMMABLE LIQUID UN1993

No.

Type

0 0 2 DM

0 0 1 0 0

G

214

b. WASTE TRICHLOROETHANE ORMA UN2831

No.

Type

0 0 1 DM

0 0 0 5 0

G

211

c. WASTE FLAMMABLE LIQUID UN1993

No.

Type

0 0 2 DM

0 0 1 0 0

G

214

d. WASTE FLAMMABLE LIQUID UN 1993

No.

Type

0 0 1 DM

0 0 0 5 0

G

214

J. Additional Descriptions for Materials Listed Above

Skylrol 80%, Heptane 20%

d-MEK 20%, Heptane 20%,
thinners 50%, paint 10%

Calgon 3578-88%, Oil & grease 5%

MEK-10%, Heptane 10%, Thinners 50%, paint 30%

K. Handling Codes for Wastes Listed Above

A - 99

b - 01

c - 01

D - 01

15. Special Handling Instructions and Additional Information

GLOVES AND GOGGLES

BL 207294 207284 20727 11085

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.

Printed/Typed Name

R.J. SLATTERBECK

Signature

Date

Month Day Year

05 10 85

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

DAVID H SAUCEDO

Signature

David H Saucedo

Date

Month Day Year

05 10 85

18. Transporter 2 Acknowledgement or Receipt of Materials

Printed/Typed Name

Signature

RECEIVED

Date

Month Day Year

19. Discrepancy Indication Space

N/A

MAY 10 1985

Plant Engineering

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

PAULA M REILAND

Signature

Paula M Reiland

Date

Month Day Year

05 10 85

8067 558943

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. C A D 0 0 8 3 2 5 3 3 4	Manifest Document No. 0 0 0 1	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address ALLIED CORPORATION-Bendix Electrodynamics Division 11600 Sherman Way, N. Hollywood, CA 91605			A. State Manifest Document Number 84352617		
4. Generator's Phone (818) 765-1010			B. State Generator's ID CAD008325334		
5. Transporter 1 Company Name CROWLEY ENVIRONMENTAL SERVICES CORP.			C. State Transporter's ID 64551		
6. US EPA ID Number C A D 0 8 2 6 9 9 5 6 2			D. Transporter's Phone (213) 491-4757		
7. Transporter 2 Company Name			E. State Transporter's ID		
8. US EPA ID Number			F. Transporter's Phone		
9. Designated Facility Name and Site Address DEMENNO/KERDOON 2100 N. Alameda St. Compton, CA 90222			G. State Facility's ID C A T 0 8 0 0 1 3 3 5 2		
10. US EPA ID Number			H. Facility's Phone (213) 537-7100		
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No.	13. Total Quantity	14. Unit Wt/Vol	15. Waste No.
a. WASTE PETROLEUM OIL N.O.S./COMBUSTIBLE LIQUID UN 1270		0 0 1	C T	0 2 6 0 0 G	222
b.					
c.					
d.					
J. Additional Descriptions for Materials Listed Above Water Soluble Oils 2% 2 Oils Water 98%			K. Handling Codes for Wastes Listed Above 01		
15. Special Handling Instructions and Additional Information GOGGLES AND GLOVES					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.					
Printed/Typed Name R.J. SLATTERBECK		Signature <i>[Signature]</i>		Date Month Day Year 04/29/85	
17. Transporter 1 Acknowledgement of Receipt of Materials		Signature <i>Bill A. Meiz</i>		Date Month Day Year 04/29/85	
Printed/Typed Name Bill A. Meiz		Signature <i>Bill A. Meiz</i>		Date Month Day Year 04/29/85	
18. Transporter 2 Acknowledgement or Receipt of Materials		Signature <i>[Signature]</i>		Date Month Day Year MAY 07 1985	
Printed/Typed Name		Signature		Date Month Day Year	
19. Discrepancy Indication Space Plant Engineering					
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.					
Printed/Typed Name Danny Machado		Signature <i>Danny Machado</i>		Date Month Day Year 04/29/85	

8067-563102

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. C A D 0 0 8 3 2 5 3 3 4 0 0 0 1 0		Manifest Document No. of 1		2. Page 1 Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address ALLIED CORPORATION-Bendix Electrodynamics Division 11600 Sherman Way, No. Hollywood, CA 91605				A. State Manifest Document Number 84352616			
4. Generator's Phone (818) 755-1010				B. State Generator's ID CAD008325334			
5. Transporter 1 Company Name DISPOSAL CONTROL SERVICE		6. US EPA ID Number I C A T 0 8 0 0 3 4 1 8 4		C. State Transporter's ID 56102			
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone (818) 824-3345			
9. Designated Facility Name and Site Address DEMENNO/KERDOON 2100 N. Alameda St. Compton, CA 90222		10. US EPA ID Number I C A T 0 8 0 0 1 3 3 5 2		E. State Transporter's ID			
				F. Transporter's Phone			
				G. State Facility's ID CAT080013352			
				H. Facility's Phone (213) 537-7100			
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)				12. Containers		13. Total Quantity	
				No. Type		14. Unit Wt./Vol	
a. WASTE PETROLEUM OIL N.O.S./COMBUSTIBLE LIQUID UN1270				0 0 1 C T		0 2 5 0 0 G	
b.							
c.							
d.							
J. Additional Descriptions for Materials Listed Above Water Soluble Oils -4% Oils -40% Water -56%				K. Handling Codes for Wastes Listed Above 01			
15. Special Handling Instructions and Additional Information GOGGLES AND GLOVES							
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.							
Printed/Typed Name R.J. Slatterbeck				Signature <i>[Signature]</i>		Date Month Day Year 0 4 2 0 8 3	
17. Transporter 1 Acknowledgement of Receipt of Materials				Signature <i>[Signature]</i>		Date Month Day Year 0 4 2 0 8 3	
Printed/Typed Name MIKE M'ANAMA				Signature <i>[Signature]</i>		Date Month Day Year 0 4 2 0 8 3	
18. Transporter 2 Acknowledgement or Receipt of Materials				Signature <i>[Signature]</i>		Date Month Day Year 0 4 2 0 8 3	
Printed/Typed Name				Signature		Date Month Day Year	
19. Discrepancy Indication Space				RECEIVED MAY 0 1 1985 Plant Engineering			
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.							
Printed/Typed Name A. J. J. J.				Signature <i>[Signature]</i>		Date Month Day Year 0 4 2 0 8 3	

P O 8067558248

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. C A D 0 0 8 3 2 5 3 3 4 0 0 0 0	Manifest Document No. 8 of 1	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address BENDIX CORP. /ELECTRODYNAMICS DIV. 11600 Sherman Way, No. Hollywood, CA 91605			A. State Manifest Document Number 84352514		
4. Generator's Phone (818) 765-1010			B. State Generator's ID		
5. Transporter 1 Company Name DISPOSAL CONTROL SERVICE			C. State Transporter's ID 51123		
6. US EPA ID Number I C A T 0 8 0 0 3 4 1 8 4			D. Transporter's Phone (818) 824-3345		
7. Transporter 2 Company Name			E. State Transporter's ID		
8. US EPA ID Number			F. Transporter's Phone		
9. Designated Facility Name and Site Address DEMENNO/KERDOON 2100 N. Alameda St. Compton, CA 90222			G. State Facility's ID CAT080013352		
10. US EPA ID Number I C A T 0 8 0 0 1 3 3 5 2			H. Facility's Phone (213) 537-7100		
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers	13. Total Quantity	14. Unit	15. Waste No.
a. WASTE PETROLEUM OIL N.O.S./Combustible Liquid UN1270		No. Type		Wt/Vol	
b.					
c.					
d.					
J. Additional Descriptions for Materials Listed Above WATER SOLUBLE OILS - 2% OILS - 20% WATER - 78%			K. Handling Codes for Wastes Listed Above 01		
15. Special Handling Instructions and Additional Information GOGGLES AND GLOVES					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.					
Printed/Typed Name R.J. Slatterbeck		Signature <i>[Signature]</i>		Date Month Day Year 0 0 0 0 85	
17. Transporter 1 Acknowledgement of Receipt of Materials		Signature <i>[Signature]</i>		Date Month Day Year 0 0 0 0 85	
Printed/Typed Name <i>[Signature]</i>		Signature <i>[Signature]</i>		Date Month Day Year 0 0 0 0 85	
18. Transporter 2 Acknowledgement or Receipt of Materials		Signature <i>[Signature]</i>		Date Month Day Year 0 0 0 0 85	
Printed/Typed Name		Signature		Date	
19. Discrepancy Indication Space					
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.					
Printed/Typed Name Jenny Vlachou		Signature <i>[Signature]</i>		Date Month Day Year 10/04/85	

P O 8067-557629

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. C A D Q 0 8 3 2 5 3 3 4		Manifest Document No. 0 0 0 0 6		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.					
3. Generator's Name and Mailing Address Bendix Corporation Electrodynamics Div. 11600 Sherman Way No. Hollywood, CA 91605						A. State Manifest Document Number 84352512							
4. Generator's Phone (818) 765-1010						B. State Generator's ID CAD08325334							
5. Transporter 1 Company Name DISPOSAL CONTROL SERVICE						C. State Transporter's ID 54996							
6. US EPA ID Number C A T 0 8 0 0 3 4 1 8 4						D. Transporter's Phone (818) 824-3345							
7. Transporter 2 Company Name						E. State Transporter's ID							
8. US EPA ID Number						F. Transporter's Phone							
9. Designated Facility Name and Site Address DEMENNO/KERDOON 2100 No. Alameda St. Compton, CA 90222						G. State Facility's ID CAT080013352							
10. US EPA ID Number C A T 0 8 0 0 1 3 3 5 2						H. Facility's Phone (213) 537-7100							
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers		13. Total Quantity		14. Unit Wt/Vol		15. Waste No.	
a. WASTE PETROLEUM PETROLEUM WASTE OIL N.O.S. Combustible Liquid UN1270						No. Type 0 0 1 C T		2600		G		222	
b.													
c.													
d.													
J. Additional Descriptions for Materials Listed Above Water soluble oils- 2% Oils -20% Water -78%						K. Handling Codes for Wastes Listed Above 01							
15. Special Handling Instructions and Additional Information GOGGLES AND GLOVES													
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.													
Printed/Typed Name R.J. Slatterbeck						Signature <i>[Signature]</i>		Date 10/31/84					
17. Transporter 1 Acknowledgement of Receipt of Materials						Signature <i>[Signature]</i>		Date 10/31/84					
Printed/Typed Name Thomas C. S. Lee						Signature <i>[Signature]</i>		Date 10/31/84					
18. Transporter 2 Acknowledgement or Receipt of Materials						Signature <i>[Signature]</i>		Date 10/31/84					
Printed/Typed Name						Signature		Date					
19. Discrepancy Indication Space Plant Engineering													
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.													
Printed/Typed Name Danny MacHater						Signature <i>[Signature]</i>		Date 1/3/85					

P.O.#8067-556938

W.O.#5680

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. C A D O O 8 3 2 5 3 3 4	Manifest Document No. 0 0 0 0 5	2. Page 1 of	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address BENDIX ELECTRODYNAMICS DIVN 11600 SHERMAN WAY NO. HOLLYWOOD, CA, 91605 (818) 765-1010				A. State Manifest Document Number 84352611	
4. Generator's Phone				B. State Generator's ID C A D O O 8 3 2 5 3 3 4	
5. Transporter 1 Company Name OIL PROCESS CO		6. US EPA ID Number C A M O 8 0 8 8 8 5 0		C. State Transporter's ID 53287	
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone (213) 585-5063	
9. Designated Facility Name and Site Address DEMINNO/KERDOON 2100 NO. ALAMEDA ST COMPTON, CA., 90222		10. US EPA ID Number C A T O 8 0 0 1 3 3 5 2		E. State Transporter's ID	
				F. Transporter's Phone	
				G. State Facility's ID	
				H. Facility's Phone	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)				12. Containers	13. Total Quantity
a. HAZARDOUS WASTE LIQUID N.O.S. ORM-E NA 9189				No. Type	Unit
				0 0 1 C T	0 2 5 0 0 G
b.					
c.					
d.					
J. Additional Descriptions for Materials Listed Above WATER SOLUBLE OILS—5% OILS—20% WATER—75%				K. Handling Codes for Wastes Listed Above 01	
15. Special Handling Instructions and Additional Information HAZARDOUS WASTE GLOVES RECEIVED MAR 1985					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.					
Printed/Typed Name R. J. SLATTERBECK				Signature	Date Month Day Year 0 2 2 6 8 5
17. Transporter 1 Acknowledgement of Receipt of Materials				Date	
Printed/Typed Name DAVID R. GAGNE 50 5680				Signature	Month Day Year 0 2 2 6 8 5
18. Transporter 2 Acknowledgement or Receipt of Materials				Date	
Printed/Typed Name				Signature	Month Day Year
1. Discrepancy Indication Space					
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.					
Printed/Typed Name JEROME R. HILL				Signature Jerome R. Hyde	Date Month Day Year 10 2 2 8 8 5

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST			1. Generator's US EPA ID No. C A D 0 0 8 3 2 5 3 3 4		Manifest Document No. 0 0 0 0 4		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.		
3. Generator's Name and Mailing Address BENDIX/ELECTRODYNAMICS DIVN. 11600 SHERMAN WAY NO. HOLLYWOOD, CA., 91605 (818)765-1010						A. State Manifest Document Number 84352609					
4. Generator's Phone ()						B. State Generator's ID CAD008325334					
5. Transporter 1 Company Name OIL & SOLVENT PROCESS CO						C. State Transporter's ID 53156					
6. US EPA ID Number C A D 0 0 8 3 0 2 9 0						D. Transporter's Phone (818)334-5117					
7. Transporter 2 Company Name						E. State Transporter's ID					
8. US EPA ID Number						F. Transporter's Phone					
9. Designated Facility Name and Site Address OIL & SOLVENT PROCESS CO. 1704 FIRST ST. AZUSA, CA., 91702						G. State Facility's ID CAD008302903					
10. US EPA ID Number C A D 0 0 8 3 0 2 9 0						H. Facility's Phone (818)334-5117					
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers		13. Total Quantity		14. Unit	
						No. Type				Waste No.	
a. WASTE TRICHLOROETHANE ORM A UN 2831						0 0 3 DM		0 0 1 5 0		G 211	
b. WASTE HAZARDOUS LIQUID ORM E UN 9189						0 0 1 DM		0 0 0 5 0		G 211	
c. WASTE FLAMMABLE LIQUID NOS UN 1993						0 0 7 DM		0 0 0 5 0		G 214	
d.											
J. Additional Descriptions for Materials Listed Above (70%) (30%) A-1 TRI 85% OIL & GREASE 15% C-1 OIL & HEPTANE B-1 FREON 95% FLUX 5% C-2 PAINT WASTE PAINT 90% C-3 METHANOL 100%						K. Handling Codes for Wastes Listed Above a-01 b-01 c-01					
15. Special Handling Instructions and Additional Information MAKE SURE ALL BUNGS ARE TIGHT											
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.											
Printed/Typed Name R.J. SLATTERBECK						Signature <i>[Signature]</i>					
						Date Month Day Year 0 2 2 6 8 5					
17. Transporter 1 Acknowledgement of Receipt of Materials											
Printed/Typed Name DON NEDWARDS						Signature <i>[Signature]</i>					
						Date Month Day Year 0 2 2 6 8 5					
18. Transporter 2 Acknowledgement or Receipt of Materials											
Printed/Typed Name						Signature					
						Date Month Day Year					
19. Discrepancy Indication Space #3 310 gallons received difference of 40 gal											
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.											
Printed/Typed Name Pat Rocha						Signature Pat Rocha 02-26-85					
						Date Month Day Year					

P O # 8067-556558

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. C A D 0 0 8 3 2 5 3 3 4 0 0 0 0 3	Manifest Document No. 0 0 0 0 3	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address BENDIX/ELECTRODYNAMICS DIVISION 11600 Sherman Way, No. Hollywood, CA 91605			A. State Manifest Document Number 84352508		
4. Generator's Phone (818) 765-1010			B. State Generator's ID CAD008325334		
5. Transporter 1 Company Name DISPOSAL CONTROL SERVICE			C. State Transporter's ID 54997		
6. US EPA ID Number C A T 0 8 0 0 3 4 1 8 4			D. Transporter's Phone 800-824-3345		
7. Transporter 2 Company Name			E. State Transporter's ID		
8. US EPA ID Number			F. Transporter's Phone		
9. Designated Facility Name and Site Address DEMENNO7KERDOON 2100 No. Alameda St. Compton, CA 90222			G. State Facility's ID C A T 0 80013352		
10. US EPA ID Number C A T 0 8 0 0 1 3 3 5 2			H. Facility's Phone (213) 637-7100		
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers	13. Total Quantity	14. Unit Wt/Vol	15. Waste No.
a. Petroleum waste oil & Water N.O.S. combustible liquid UN 1270		No. Type 0 0 1 C T 0 3 3 0 0	G		222
b.					
c.					
d.					
J. Additional Descriptions for Materials Listed Above WATER SOLUBLE OILS 5% OILS 5% WATER 90% 7476		K. Handling Codes for Wastes Listed Above 01			
15. Special Handling Instructions and Additional Information					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.					
Printed/Typed Name R.J. SLATTERBECK		Signature <i>[Signature]</i>		Date Month Day Year 2 1 4 8 5	
17. Transporter 1 Acknowledgement of Receipt of Materials		Signature <i>[Signature]</i>		Date Month Day Year 2 1 4 8 5	
Printed/Typed Name RANDY L. ALLAN		Signature		Date	
18. Transporter 2 Acknowledgement or Receipt of Materials		Signature		Date	
Printed/Typed Name		Signature		Date	
19. Discrepancy Indication Space					
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.					
Printed/Typed Name JOHN PERRMAN		Signature <i>[Signature]</i>		Date Month Day Year 2 1 4 8 5	

P.O. # 8067-556083

Please print or type. (Form designed for use on elka (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. C A D 0 0 8 3 2 5 3 3 4	Manifest Document No. 0 0 0 0 2	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address BENDIX/ELECTRODYNAMICS DIVISION 11600 Sherman Way No. Hollywood, CA. 91605 (818) 765-1010			A. State Manifest Document Number 84352607		
4. Generator's Phone ()			B. State Generator's ID C A D 0 0 8 3 2 5 3 3 4		
5. Transporter 1 Company Name DISPOSAL CONTROL SERVICE			C. State Transporter's ID 54997		
6. US EPA ID Number C A T 0 8 0 0 3 4 1 8 4			D. Transporter's Phone (800) 824-3345		
7. Transporter 2 Company Name			E. State Transporter's ID		
8. US EPA ID Number			F. Transporter's Phone		
9. Designated Facility Name and Site Address ENVIRONMENTAL PROTECTION CORP., Highway 33 Fellows, CA.			G. State Facility's ID CAT080010283		
10. US EPA ID Number C A T 0 8 0 0 1 0 2 8 3			H. Facility's Phone (805) 597-2087 768 4806		
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers	13. Total Quantity	14. Unit	15. Waste No.
a. Petroleum Waste Oil & Water N.O.S. Combustible Liquid UN 1270		No. Type 0 0 1 C T	0 3 5 0 0	G	222
b.					
c.					
d.					
J. Additional Descriptions for Materials Listed Above WATER SOLUBLE OILS 5% OILS 5% WATER 90% E-7476			K. Handling Codes for Wastes Listed Above OC		
15. Special Handling Instructions and Additional Information KEEP AWAY FROM HEAT AND OPEN FLAME					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.					
Printed/Typed Name W.J. SPECK		Signature <i>W.J. Speck</i>		Date Month Day Year 1 30 85	
17. Transporter 1 Acknowledgement of Receipt of Materials		Signature <i>[Signature]</i>		Date Month Day Year 01/30/85	
Printed/Typed Name BANDY L. FILLER		Signature <i>[Signature]</i>		Date Month Day Year 01/30/85	
18. Transporter 2 Acknowledgement or Receipt of Materials		Signature Plant Engineering		Date Month Day Year	
Printed/Typed Name		Signature		Date Month Day Year	
19. Discrepancy Indication Space					
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.					
Printed/Typed Name Susan E Patzer		Signature <i>Susan E Patzer</i>		Date Month Day Year 01/30/85	

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. CADO08325334	Manifest Document No. 00006	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address BENDIX/ELECTRODYNAMICS DIVN. 11600 SHERMAN WAY NO HOLLYWOOD, CA 91605			A. State Manifest Document Number 84352606		
4. Generator's Phone (818) 765-1010			B. State Generator's ID		
5. Transporter 1 Company Name DISPOSAL CONTROL SERVICE		6. US EPA ID Number CATO80034184		C. State Transporter's ID E-7476	
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone (800) 824-3345	
9. Designated Facility Name and Site Address DEMNNO/KERDOON 2100 NO. ALAMEDA ST. COMPTON, CA., 90222		10. US EPA ID Number CATO80013352		E. State Transporter's ID	
				F. Transporter's Phone	
				G. State Facility's ID CADO80013352	
				H. Facility's Phone (213) 537-7100	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)			12. Containers	13. Total Quantity	14. Unit Wt/Vol
a. PETROLEUM WASTE OIL & WATER N.O.S. COMBUSTIBLE LIQUID UN 1270			No. 001	Type C T	0 2 7 0 0 G
b.					
c.					
d.					
J. Additional Descriptions for Materials Listed Above			K. Handling Codes for Wastes Listed Above		
WATER SOLUBLE OILS 5% OILS 5% WATER 90%			E-7476 E-7476 01		
15. Special Handling Instructions and Additional Information					
KEEP AWAY FROM HEAT AND FLAME					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.					
Printed/Typed Name		Signature		Date	
R. SLATTERBECK				Month Day Year 0 1 0 9 8 5	
17. Transporter 1 Acknowledgement of Receipt of Materials		Signature		Date	
Printed/Typed Name		Signature		Month Day Year	
RANDY L. ALLEN				0 1 0 9 8 5	
18. Transporter 2 Acknowledgement or Receipt of Materials		Signature		Date	
Printed/Typed Name		Signature		Month Day Year	
19. Discrepancy Indication Space					
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.					
Printed/Typed Name		Signature		Date	
DWAYNE REED				Month Day Year 1 1 1 1 8 5	

Use print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. (General Manifest Document No.) C A D 0 0 8 3 2 5 3 3 4 0 0 0 6 7	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address ALLIED CORPORATION/Bendix Electrodynamics Division 11600 Sherman Way, N. Hollywood, CA 91605			A. State Manifest Document Number 84352681		
4. Generator's Phone (818) 765-1010			B. State Generator's ID CADO 08325334		
5. Transporter 1 Company Name DISPOSAL CONTROL SERVICE		6. US EPA ID Number C A T 0 8 0 0 3 4 1 8 4	C. State Transporter's ID 66354		
7. Transporter 2 Company Name		8. US EPA ID Number	D. Transporter's Phone (800) 824-3345		
9. Designated Facility Name and Site Address CASMALIA-Resource Management NTU Road Casmalia, CA 93429		10. US EPA ID Number C A S 0 2 0 7 4 8 1 2 5	E. State Transporter's ID		
			F. Transporter's Phone		
			G. State Facility's ID CADO 20748125		
			H. Facility's Phone (805) 937-8449		
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers	13. Total Quantity	14. Unit Wt/Vol	15. Waste No.
a. WASTE POISONOUS SOLID N.O.S. POISON B UN 2811		No. Type			
		0 0 5 C M	0 0 0 1 1	Y	512
b.					
c.					
d.					
J. Additional Descriptions for Materials Listed Above TANKS AND WOOD CONTAMINATED WITH CYANIDE SALTS CALIFORNIA EXTREMELY HAZARDOUS WASTE DISPOSAL PERMIT #3-8299			K. Handling Codes for Wastes Listed Above 03		
15. Special Handling Instructions and Additional Information DUST MASKS AND GLOVES					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.					
Printed/Typed Name R. J. SLATTERBECK		Signature <i>[Signature]</i>		Date Month Day Year 1 2 2 0 8 5	
17. Transporter 1 Acknowledgement of Receipt of Materials		Signature <i>[Signature]</i>		Date Month Day Year 1 2 2 0 8 5	
Printed/Typed Name R. J. SLATTERBECK		Signature <i>[Signature]</i>		Date Month Day Year 1 2 2 0 8 5	
18. Transporter 2 Acknowledgement or Receipt of Materials		Signature <i>[Signature]</i>		Date Month Day Year 1 2 2 0 8 5	
Printed/Typed Name		Signature		Date	
19. Discrepancy Indication Space Plant Engineering					
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. # 00810-4900115					
Printed/Typed Name Casmalia Resources		Signature <i>[Signature]</i>		Date Month Day Year 1 2 2 0 8 5	

Pre print or type. (Form designed for use on elite (12-pitch) typewriter.)

WY/4693
LAXD 74980

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. C A D O 0 8 3 2 5 3 3 4 0 0 0 6 8	Manifest Document No. 0 0 0 6 8	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address ALLIED CORPORATION/Bendix Electrodynamics Division 11600 Sherman Way, N. Hollywood, CA 91605			A. State Manifest Document Number 84352682		
4. Generator's Phone (818) 765-1010			B. State Generator's ID CADO 08325334		
5. Transporter 1 Company Name DISPOSAL CONTROL SERVICE			C. State Transporter's ID 46376		
7. Transporter 2 Company Name			D. Transporter's Phone (800) 824-3345		
9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT 35251 Skyline Kettleman City, CA			E. State Transporter's ID		
10. US EPA ID Number C A T O 0 0 0 6 4 6 1 1 7			F. Transporter's Phone		
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)			G. State Facility's ID CATO 00646117		
a. HAZARDOUS WASTE SOLID, N.O.S. UN 9189 ORM-E			H. Facility's Phone (209) 386-9711		
b.					
c.					
d.					
J. Additional Descriptions for Materials Listed Above TANKS AND WOOD CONTAMINATED WITH PLATING SOLUTION REFER TO WASTE PROFILE # D-74980			K. Handling Codes for Wastes Listed Above C3		
15. Special Handling Instructions and Additional Information JAN 9 1985 Plant Engineering					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.					
Printed/Typed Name R.J. Slatterbeck		Signature <i>[Signature]</i>		Date Month Day Year 12 5 85	
17. Transporter 1 Acknowledgement of Receipt of Materials		Signature <i>[Signature]</i>		Date Month Day Year 1 2 20 85	
Printed/Typed Name Joseph R. TAPIA		Signature <i>[Signature]</i>		Date Month Day Year 1 2 20 85	
18. Transporter 2 Acknowledgement or Receipt of Materials		Signature		Date	
Printed/Typed Name		Signature		Date	
19. Discrepancy Indication Space 9. Improper Facility Address					
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.					
Printed/Typed Name Ricardo S. Abellera		Signature <i>[Signature]</i>		Date Month Day Year	

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. CA D 0 0 8 3 2 5 3 3 4 0 0 0 66		Manifest Document No. 66	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address ALLIED CORPORATION-Bendix Electrodynamics Division 11600 Sherman Way, N. Hollywood, CA 91605					A. State-Manifest Document Number 84352679		
4. Generator's Phone (818) 765-1010					B. State Generator's ID CADO 0825334		
5. Transporter 1 Company Name GT EQUIPMENT					C. State Transporter's ID 66964		
6. US EPA ID Number CADO 084678497					D. Transporter's Phone (213) 245-2477		
7. Transporter 2 Company Name					E. State Transporter's ID		
8. US EPA ID Number					F. Transporter's Phone		
9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT 35251 Skyline Kettleman City, CA					G. State Facility's ID CADO 00646117		
10. US EPA ID Number C.A.T.O.O.O.6.4.6.1.1.7					H. Facility's Phone (209) 306-9711		
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)				12. Containers	13. Total Quantity	14. Unit Mt/Vol	15. Waste No.
a. HAZARDOUS WASTE SOLID , N.O.S. , ORM-E , NA 9189				No. 0 0 1	Type D T	00016	Y 611
b.							
c.							
d.							
J. Additional Descriptions for Materials Listed Above REFER TO WASTE PROFILE SHEET # 53718 CONTAMINATED SOIL WITH PLATING SOLUTIONS					K. Handling Codes for Wastes Listed Above 03		
15. Special Handling Instructions and Additional Information GLOVES AND GOGGLES JAN 6 1986 Plant Engineering							
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.							
Printed/Typed Name R.J. SLATTERBECK				Signature <i>[Signature]</i>		Date Month Day Year 1 2 1 7 8 5	
17. Transporter 1 Acknowledgement of Receipt of Materials							
Printed/Typed Name <i>[Signature]</i>				Signature <i>[Signature]</i>		Date Month Day Year 1 2 1 7 8 5	
18. Transporter 2 Acknowledgement or Receipt of Materials							
Printed/Typed Name				Signature		Date Month Day Year	
19. Discrepancy Indication Space							
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.							
Printed/Typed Name Ricardo S. Abelleira				Signature <i>[Signature]</i>		Date Month Day Year 1 2 1 7 8 5	

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. C A D 0 0 8 3 2 5 3 3 4 0 0 0 6 5	Manifest Document No.	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address ALLIED CORPORATION-Bendix Electrodynamics Division 11600 Sherman Way, N. Hollywood, CA 91605		A. State Manifest Document Number 84352678			
4. Generator's Phone (818) 765-1010		B. State Generator's ID CAD0 0825334			
5. Transporter 1 Company Name		6. US EPA ID Number		C. State Transporter's ID 15/85	
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone 916-581-1244	
9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT 35251 Skyline Kettleman City, CA		10. US EPA ID Number C A T 0 0 0 6 4 6 1 1 7		E. State Facility's ID CAT0 00646117	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers		13. Total Quantity	
a. HAZARDOUS WASTE SOLID, N.O.S., ORM-E, NA 9189		No. Type		Unit Wt/Vol	
		0 0 1 D T		1/6 Y	
b.				811	
c.					
d.					
J. Additional Descriptions for Materials Listed Above REFER TO WASTE PROFILE SHEET # 63718 CONTAMINATED SOIL WITH PLATING SOLUTIONS		K. Handling Codes for Wastes Listed Above			
15. Special Handling Instructions and Additional Information GLOVES AND GOGGLES JAN 6 1986 Engineering					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.					
Printed/Typed Name R. J. SLATTERBECK		Signature <i>[Signature]</i>		Date Month Day Year 1 2 1 7 8 5	
17. Transporter 1 Acknowledgement of Receipt of Materials		Signature <i>[Signature]</i>		Date Month Day Year 1 2 1 7 8 5	
18. Transporter 2 Acknowledgement or Receipt of Materials		Signature <i>[Signature]</i>		Date Month Day Year 1 2 1 7 8 5	
19. Discrepancy Indication Space					
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.					
Printed/Typed Name <i>[Signature]</i>		Signature <i>[Signature]</i>		Date Month Day Year 1 2 1 7 8 5	

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. C A D O 0 0 8 3 2 5 3 3 4		Manifest Document No. 0 0 0 6 4		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address ALLIED CORPORATION-Bendix Electrodynamics Division 11600 Sherman Way, N. Hollywood, CA 91605						A. State Manifest Document Number 84352677			
4. Generator's Phone (818) 765-1010						B. State Generator's ID CADO 0825334			
5. Transporter 1 Company Name MCCANTS TRUCKING						6. US EPA ID Number CADO 48604029		C. State Transporter's ID 65110	
7. Transporter 2 Company Name						8. US EPA ID Number		D. Transporter's Phone (213) 638-2584	
9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT 35251 Skyline Kettleman City, CA						10. US EPA ID Number C A T O 0 0 6 4 6 1 1 7		E. State Transporter's ID	
								F. Transporter's Phone	
								G. State Facility's ID CATO 00646117	
								H. Facility's Phone (209) 386-9711	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers		13. Total Quantity	
						No. Type		Unit Wt/Vol	
a. HAZARDOUS WASTE SOLID, N.O.S., ORM-E, NA 9189						0 0 1 D T		00016 Y	
b.									
c.									
d.									
J. Additional Descriptions for Materials Listed Above REFER TO WASTE PROFILE SHEET # 53718 CONTAMINATED SOIL WITH PLATING SOLUTIONS						K. Handling Codes for Wastes Listed Above			
15. Special Handling Instructions and Additional Information GLOVES AND GOGGLES						JAN 6 1986 Plant Engineering			
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.									
Printed/Typed Name R.J. SLATTERBECK						Signature <i>R.J. Slatterbeck</i>		Date Month Day Year 1 2 1 7 8 5	
17. Transporter 1 Acknowledgement of Receipt of Materials						Date			
Printed/Typed Name KELVIN C. WHITTAKER						Signature <i>Kelvin C. Whittaker</i>		Month Day Year 1 2 1 7 8 5	
18. Transporter 2 Acknowledgement or Receipt of Materials						Date			
Printed/Typed Name						Signature		Month Day Year	
19. Discrepancy Indication Space									
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.						Date			
Printed/Typed Name Ricardo S Abelleira						Signature <i>Ricardo S Abelleira</i>		Month Day Year 1 2 1 7 8 5	

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. C A D 0 0 8 3 2 5 3 3 4 0 0 0 6 3	Manifest Document No. 0 0 0 6 3	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address ALLIED CORPORATION-Bendix Electrodynamics Division 11600 Sherman Way, N. Hollywood, CA 91605				A. State Manifest Document Number 84352676	
4. Generator's Phone (818) 765-1010				B. State Generator's ID CADO 0825334	
5. Transporter 1 Company Name M-CANTS TRUCKING		6. US EPA ID Number CADO48604029		C. State Transporter's ID	
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone (213) 638-2584	
9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT 35251 Skyline Kettleman City, CA		10. US EPA ID Number C.A.T.O.O.O.6.4.6.1.1.7		E. State Transporter's ID 65113	
				F. Transporter's Phone	
				G. State Facility's ID CATO 00646117	
				H. Facility's Phone (209) 386-9711	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)			12. Containers	13. Total Quantity	14. Unit
a. HAZARDOUS WASTE SOLID, N.O.S., ORM-E, NA 9189			No. 0 0 1	Type D T	Wt/Vol 00016 Y
b.					
c.					
d.					
J. Additional Descriptions for Materials Listed Above REFER TO WASTE PROFILE SHEET # 53718 CONTAMINATED SOIL WITH PLATING SOLUTIONS			K. Handling Codes for Wastes Listed Above 03		
15. Special Handling Instructions and Additional Information GLOVES AND GOGGLES JAN 6 1986					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.					
Printed/Typed Name R.J. SLATTERBECK		Signature <i>[Signature]</i>		Date Month Day Year 1 2 1 7 8 5	
17. Transporter 1 Acknowledgement of Receipt of Materials		Signature <i>[Signature]</i>		Date Month Day Year 1 2 1 7 8 5	
Printed/Typed Name E.J. WHITTAKER		Signature <i>[Signature]</i>		Date Month Day Year 1 2 1 7 8 5	
18. Transporter 2 Acknowledgement or Receipt of Materials		Signature		Date Month Day Year	
Printed/Typed Name		Signature		Date Month Day Year	
19. Discrepancy Indication Space					
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.					
Printed/Typed Name S. NUGES		Signature <i>[Signature]</i>		Date Month Day Year 1 2 1 7 8 5	

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. C A D 0 0 8 3 2 5 3 3 4 0 0 0 6 2	Manifest Document No. 1	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address ALLIED CORPORATION-Bendix Electrodynamics Division 11600 Sherman Way, NO. Hollywood, CA 91605			A. State Manifest Document Number 84352675		
4. Generator's Phone (818) 765-1010			B. State Generator's ID CADO 0825334		
5. Transporter 1 Company Name GT EQUIPMENT			C. State Transporter's ID 66962		
6. US EPA ID Number CADO 8469849.7			D. Transporter's Phone 818 2415792		
7. Transporter 2 Company Name			E. State Transporter's ID		
8. US EPA ID Number			F. Transporter's Phone		
9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT 35251 Skylfne Kettleman City, CA			G. State Facility's ID CATO 00646117		
10. US EPA ID Number I C A T 0 0 0 6 4 6 1 1 7			H. Facility's Phone (209) 386-9711		
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No.	13. Total Quantity	14. Unit M/Vol	15. Waste No.
a. HAZARDOUS WASTE SOLID, NOS, ORM-E, NA 9189		0 0 1	D T	0016 Y	611
b.					
c.					
d.					
J. Additional Descriptions for Materials Listed Above REFER TO WASTE PROFILE SHEET # 53718 CONTAMINATED SOIL WITH PLATING SOLUTIONS			K. Handling Codes for Wastes Listed Above 03		
15. Special Handling Instructions and Additional Information GLOVES AND GOGGLES JAN 6 1986 Plant Engineering					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.					
Printed/Typed Name R.J. SLATTERBECK		Signature <i>[Signature]</i>		Date Month Day Year 1 2 1 1 8 5	
17. Transporter 1 Acknowledgement of Receipt of Materials					
Printed/Typed Name D.R. McDonald		Signature <i>[Signature]</i>		Date Month Day Year 1 2 1 7 8 5	
18. Transporter 2 Acknowledgement or Receipt of Materials					
Printed/Typed Name		Signature		Date Month Day Year	
19. Discrepancy Indication Space					
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.					
Printed/Typed Name Ricardo S. Abelleira		Signature <i>[Signature]</i>		Date Month Day Year 1 2 1 7 8 5	

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. C A D 0 0 8 3 2 5 3 3 4 0 0 0 6 1	Manifest Document No. 1	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address ALLIED CORPORATION-Bendix Electrodynamics Division 11600 Sherman Way, N. Hollywood, CA 91605			A. State Manifest Document Number 84352674		
4. Generator's Phone (818) 765-1001			B. State Generator's ID CADO 0825334		
5. Transporter 1 Company Name HARDEN TRUCKING			C. State Transporter's ID 63614		
6. US EPA ID Number CAX00005207			D. Transporter's Phone (714) 8294273		
7. Transporter 2 Company Name			E. State Transporter's ID		
8. US EPA ID Number			F. Transporter's Phone		
9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT 35251 Skyline Kettleman City, CA			G. State Facility's ID CATO 00646117		
10. US EPA ID Number I C A T 0 0 0 6 4 6 1 1 7			H. Facility's Phone (209) 386-9711		
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol
a. HAZARDOUS WASTE SOLID, N.O.S., ORM-E, NA 9189		0 0 1	D T	00016	y
b.					
c.					
d.					
J. Additional Descriptions for Materials Listed Above REFER TO WASTE PROFILE SHEET # 53718 CONTAMINATED SOIL WITH PLATING SOLUTIONS			K. Handling Codes for Wastes Listed Above U3		
15. Special Handling Instructions and Additional Information GLOVES AND GOGGLES JAN 6 1985 Plant Engineering					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.					
Printed/Typed Name R.J. SLATTERBECK		Signature <i>[Signature]</i>		Date Month Day Year 1 2 1 7 8 5	
17. Transporter 1 Acknowledgement of Receipt of Materials		Signature <i>[Signature]</i>		Date Month Day Year 1 7 1 7 8 5	
Printed/Typed Name JUAN ZEPEDA		Signature <i>[Signature]</i>		Date Month Day Year 1 7 1 7 8 5	
18. Transporter 2 Acknowledgement or Receipt of Materials		Signature		Date Month Day Year	
Printed/Typed Name		Signature		Date Month Day Year	
19. Discrepancy Indication Space					
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.					
Printed/Typed Name S. N. HARRIS		Signature <i>[Signature]</i>		Date Month Day Year 1 1 7 8 5	

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. CA D 0 0 8 3 2 5 3 3 4 0 0 0 6 0		Manifest Document No. of 1		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address ALLIED CORPORATION-Bendix Electrodynamics Division 11600 Sherman Way, N. Hollywood, CA 91605		4. Generator's Phone (818) 765-1010		5. Transporter 1 Company Name SUNOQUE TRUCKING		6. US EPA ID Number CA X 000 094 052		A. State Manifest Document Number 84352673	
7. Transporter 2 Company Name		8. US EPA ID Number		9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT 35251 Skyline Kettleman City, CA		10. US EPA ID Number CATO 006 46117		B. State Generator's ID CADO 0825334 C. State Transporter's ID 66938 D. Transporter's Phone 213) 425 6625 E. State Transporter's ID F. Transporter's Phone G. State Facility's ID CATO 00646117 H. Facility's Phone (209) 384-9711	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No. Type		13. Total Quantity		14. Unit M/Vol		15. Waste No.	
a. HAZARDOUS WASTE SOLID N.O.S., ORM-E, NA 9189		0 0 1 D T		00016		Y		611	
b.									
c.									
d.									
J. Additional Descriptions for Materials Listed Above REFER TO WASTE PROFILE SHEET # 53718 CONTAMINATED SOIL WITH PLATING SOLUTIONS		K. Handling Codes for Wastes Listed Above 03							
15. Special Handling Instructions and Additional Information GLOVES AND GOGGLES JAN 6 1986 Plant Engineering									
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.									
Printed/Typed Name R.J. SLATTERBECK				Signature <i>[Signature]</i>		Date Month Day Year 1 2 17 85			
17. Transporter 1 Acknowledgement of Receipt of Materials									
Printed/Typed Name R. J. SLATTERBECK				Signature <i>[Signature]</i>		Date Month Day Year 1 2 17 85			
18. Transporter 2 Acknowledgement or Receipt of Materials									
Printed/Typed Name				Signature		Date Month Day Year			
19. Discrepancy Indication Space									
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.									
Printed/Typed Name S. N. JAMES				Signature <i>[Signature]</i>		Date Month Day Year 1 2 17 85			

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address ALLIED CORPORATION-Bendix Electrodynamics Division 11600 Sherman Way, N. Hollywood, CA 91605		C A D 0 0 8 3 2 5 3 3 4 0 0 0 5 9		A. State Manifest Document Number 84352672		
4. Generator's Phone (818) 765-1010		6. US EPA ID Number C A D 0 4 8 6 0 4 0 2 9		B. State Generator's ID C A D 0 0 8 2 5 3 3 4		
5. Transporter 1 Company Name MCANTS TRUCKING		8. US EPA ID Number		C. State Transporter's ID		
7. Transporter 2 Company Name		10. US EPA ID Number		D. Transporter's Phone (213) 638-2584		
9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT 35251 Skyline Kettleman City, CA		IC A T 0 0 0 6 4 6 1 1 7		E. State Transporter's ID 65109		
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers		13. Total Quantity		14. Unit
a. HAZARDOUS WASTE SOLID, N.O.S., ORM-E, NA 9189		No. Type		0 0 1 D T 0 0 0 1 6		Y
b.						
c.						
d.						
J. Additional Descriptions for Materials Listed Above REFER TO WASTE PROFILE SHEET # 52718 CONTAMINATED SOIL WITH PLATING SOLUTIONS		K. Handling Codes for Wastes Listed Above 03				
15. Special Handling Instructions and Additional Information						
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.						
Printed/Typed Name R.J. SLATTERBECK		Signature		Date Month Day Year 1 2 1 6 8 5		
17. Transporter 1 Acknowledgement of Receipt of Materials		Signature		Date		
Printed/Typed Name M. H. Hinton		Signature		Month Day Year 1 2 1 6 8 5		
18. Transporter 2 Acknowledgement or Receipt of Materials		Signature		Date		
Printed/Typed Name		Signature		Month Day Year		
19. Discrepancy Indication Space		JAN 2 1986 Plant Engineering				
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.		Date				
Printed/Typed Name S. Hughes		Signature		Month Day Year 1 2 1 6 8 5		

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. C A D 0 0 8 3 2 5 3 3 4 0 0 0 58	Manifest Document No. 400058	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address ALLIED CORPORATION-Bendix Electrodynamics Division 11600 Sherman Way, N. Hollywood, CA 91605		6. US EPA ID Number CADO 48604029		A. State Manifest Document Number 84352671	
4. Generator's Phone (818) 765-1010		8. US EPA ID Number		B. State Generator's ID CADO 0825334	
5. Transporter 1 Company Name McCANTS TRUCKING		10. US EPA ID Number		C. State Transporter's ID 65113	
7. Transporter 2 Company Name				D. Transporter's Phone 213 628-2584	
9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT 35251 Skyline Kettleman City, CA				E. State Transporter's ID	
				F. Transporter's Phone	
				G. State Facility's ID CATO 00646117	
				H. Facility's Phone (209) 386-9711	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol
a. HAZARDOUS WASTE SOLID N.O.S., ORM-E, NA 9189		00	10 T	00016	Y
b.					
c.					
d.					
J. Additional Descriptions for Materials Listed Above REFER TO WASTE PROFILE SHEET # 53718 CONTAMINATED SOIL WITH PLATING SOLUTIONS		K. Handling Codes for Wastes Listed Above 03			
15. Special Handling Instructions and Additional Information 12/1/85 6:00 PM					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.					
Printed/Typed Name R.J. SLATTERBECK		Signature <i>[Signature]</i>		Date Month Day Year 12/16/85	
17. Transporter 1 Acknowledgement of Receipt of Materials		Signature <i>[Signature]</i>		Date Month Day Year 12/16/85	
Printed/Typed Name E.S. WHITTINGTON		Signature <i>[Signature]</i>		Date Month Day Year 12/16/85	
18. Transporter 2 Acknowledgement or Receipt of Materials		Signature		Date Month Day Year	
Printed/Typed Name		Signature		Date Month Day Year	
19. Discrepancy Indication Space		JAN 2 1986 Plant Engineering			
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.					
Printed/Typed Name S. Nuñez		Signature <i>[Signature]</i>		Date Month Day Year 12/16/85	

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address ALLIED CORPORATION-Bendix Electrodynamics Division 11600 Sherman Way, N. Hollywood, CA 91605		C A D 0 0 8 3 2 5 3 3 4 0 0 0 5 7		A. State Manifest Document Number 84352670	
4. Generator's Phone (818) 765-1010		6. US EPA ID Number		B. State Generator's ID CADO 0825334	
5. Transporter 1 Company Name MCCANTS TRUCKING		7. US EPA ID Number CADO 048604029		C. State Transporter's ID 92663	
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone (213) 5385584	
9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT 35251 Skyline Kettleman City, CA		10. US EPA ID Number ICAT 000646117		E. State Transporter's ID	
				F. Transporter's Phone	
				G. State Facility's ID CADO 00646117	
				H. Facility's Phone (209) 386-9711	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers		13. Total Quantity	14. Unit Wt/Vol
a. HAZARDOUS WASTE SOLID N.O.S. , ORM-E , NA 9189		No.	Type		
		001	DT	00016	Y
b.					
c.					
d.					
J. Additional Descriptions for Materials Listed Above REFER TO WASTE PROFILE SHEET # 53718 CONTAMINATED SOIL WITH PLATING SOLUTIONS		K. Handling Codes for Wastes Listed Above 03			
15. Special Handling Instructions and Additional Information					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.					
Printed/Typed Name R.J. SLATTERBECK		Signature <i>[Signature]</i>		Date Month Day Year 12 16 85	
17. Transporter 1 Acknowledgement of Receipt of Materials		Signature <i>[Signature]</i>		Date Month Day Year 12 16 85	
Printed/Typed Name KELVIN C. WHITTAKER		Signature <i>[Signature]</i>		Date Month Day Year 12 16 85	
18. Transporter 2 Acknowledgement or Receipt of Materials		Signature		Date Month Day Year	
Printed/Typed Name		Signature		Date Month Day Year	
19. Discrepancy Indication Space JAN 2 1986 Plant Engineering					
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.					
Printed/Typed Name S. NUGNES		Signature <i>[Signature]</i>		Date Month Day Year 12 16 85	

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. C A D 0 0 8 3 2 5 3 3 4 0 0 0 53	Manifest Document No. 0 0 0 53	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address ALLIED CORPORATION-Bendix Electrodynamics Division 11600 Sherman Way, N. Hollywood, CA 91605				A. State Manifest Document Number 84352669	
4. Generator's Phone (818) 765-1010				B. State Generator's ID CADO 0825334	
5. Transporter 1 Company Name J. C. TRANSPORTATION		6. US EPA ID Number C A D 7 8 0 8 1 4 8 8 3		C. State Transporter's ID 63095	
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone 213 720-7109	
9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT 35251 Skyline Kettleman City, CA		10. US EPA ID Number C A T 0 0 0 6 4 6 1 1 7		E. State Transporter's ID 209 386-9711	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)				12. Containers	13. Total Quantity
a. HAZARDOUS WASTE SOLID N.O.S., ORM-E, NA 9189				No. 0 0 1	Type D T
b.					
c.					
d.					
J. Additional Descriptions for Materials Listed Above REFER TO WASTE PROFILE SHEET # 53718 CONTAMINATED SOIL WITH PLATING SOLUTIONS				K. Handling Codes for Wastes Listed Above 03	
15. Special Handling Instructions and Additional Information GLOVES AND GOGGLES					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.					
Printed/Typed Name R. J. SLATTERBECK				Signature <i>[Signature]</i>	
				Date Month Day Year 1 2 16 8 5	
17. Transporter 1 Acknowledgement of Receipt of Materials				Date	
Printed/Typed Name D. P. Quinn				Signature <i>[Signature]</i>	
				Date Month Day Year 12 16 85	
18. Transporter 2 Acknowledgement or Receipt of Materials				Date	
Printed/Typed Name				Signature	
				Date Month Day Year	
19. Discrepancy Indication Space JAN 2 1986 Plant Engineering					
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.					
Printed/Typed Name S. Nuñez				Signature <i>[Signature]</i>	
				Date Month Day Year 12 16 85	

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. C A D 0 0 8 3 2 5 3 3 A	Manifest Document No. 0 0 0 5 1	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address ALLIED CORPORATION-Bendix Electrodynamics Division 11600 Sherman Way, N. Hollywood, CA 91605 4. Generator's Phone (818) 765-1010				A. State Manifest Document Number 84352668	
5. Transporter 1 Company Name J. CAL TRANSPORTATION				B. State Generator's ID CADO 0825334	
6. US EPA ID Number KAD 920514B83				C. State Transporter's ID 62623	
7. Transporter 2 Company Name				D. Transporter's Phone 713 920-7709	
8. US EPA ID Number				E. State Transporter's ID	
9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT 35251 Skyline Kettleman City, CA				F. Transporter's Phone	
10. US EPA ID Number C A T 0 0 0 6 4 6 1 1 7				G. State Facility's ID CATO 00646117	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)				H. Facility's Phone (209) 386-9711	
a. HAZARDOUS WASTE SOLID N.O.S., ORM-E, NA 9189		12. Containers No.	Type	13. Total Quantity	14. Unit Mt/Vol
		0 0 1	D T	00016	y
b.					
c.					
d.					
J. Additional Descriptions for Materials Listed Above REFER TO WASTE PROFILE SHEET # 53718 CONTAMINATED SOIL WITH PLATING SOLUTIONS				K. Handling Codes for Wastes Listed Above 03	
15. Special Handling Instructions and Additional Information GLOVES AND GEGGLES					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.					
Printed/Typed Name R.J. SLATTERBECK		Signature <i>[Signature]</i>		Date Month Day Year 12/16/85	
17. Transporter 1 Acknowledgement of Receipt of Materials					
Printed/Typed Name TERRY M. PAIN		Signature <i>[Signature]</i>		Date Month Day Year 12/16/85	
18. Transporter 2 Acknowledgement or Receipt of Materials					
Printed/Typed Name		Signature JAN 2 1986		Date Month Day Year	
19. Discrepancy Indication Space Plant Engineering					
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.					
Printed/Typed Name SID WAGNER		Signature <i>[Signature]</i>		Date Month Day Year 12/16/85	

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. C A D 0 0 8 3 2 5 3 3 4		Manifest Document No. 0 0 0 5 6		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.					
3. Generator's Name and Mailing Address ALLIED CORPORATION- Bendix Electrodynamics Division 11600 Sherman Way, N. Hollywood, CA 91605						A. State Manifest Document Number 84352667							
4. Generator's Phone (818) 765-1010						B. State Generator's ID CADO 0825334							
5. Transporter 1 Company Name G-1 EQUIPMENT						C. State Transporter's ID 0000840934917							
7. Transporter 2 Company Name						D. Transporter's Phone 213-245-2011							
8. US EPA ID Number						E. State Transporter's ID 06963							
F. Transporter's Phone						G. State Facility's ID CATO 00646117							
9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT 35251 Skyline Kettleman City, CA						H. Facility's Phone (209) 386-9711							
10. US EPA ID Number C A T 0 0 0 6 4 6 1 1 7													
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers		13. Total Quantity		14. Unit Wt/Vol		15. Waste No.	
a. HAZARDOUS WASTE SOLID N.O.S., ORM-E, NA 9189						0 0 1 D T		00016 Y				611	
b.													
c.													
d.													
J. Additional Descriptions for Materials Listed Above REFER TO WASTE PROFILE SHEET # 53718 CONTAMINATED SOIL WITH PLATING SOLUTIONS						K. Handling Codes for Wastes Listed Above 03							
15. Special Handling Instructions and Additional Information GLOVES AND GOGGLES													
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.													
Printed/Typed Name R.J. SLATTERBECK						Signature <i>[Signature]</i>		Date Month Day Year 12 16 85					
17. Transporter 1 Acknowledgement of Receipt of Materials						Signature <i>[Signature]</i>		Date Month Day Year 12 16 85					
Printed/Typed Name MACK Richardson						Signature <i>[Signature]</i>		Date Month Day Year 12 16 85					
18. Transporter 2 Acknowledgement or Receipt of Materials						Signature JAN 2 1986		Date Month Day Year 1 2 86					
Printed/Typed Name						Signature		Date					
19. Discrepancy Indication Space g. Improper facility address Plant Engineering													
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.													
Printed/Typed Name Susan Sanchez						Signature <i>[Signature]</i>		Date Month Day Year 12 16 85					

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. C A D 0 0 8 3 2 5 3 3 4 0 0 0 5 5	Manifest Document No. of 1	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address ALLIED CORPORATION - Bendix Electrodynamics Division 11600 Sherman WAY, N. hollywood, CA 91605			A. State Manifest Document Number 84352666		
4. Generator's Phone (818) 765-1010			B. State Generator's ID CAD0 0825334		
5. Transporter 1 Company Name HARDEN TRUCKING Co.			C. State Transporter's ID 63619		
6. US EPA ID Number CAX0 0005207			D. Transporter's Phone 714 752-...		
7. Transporter 2 Company Name			E. State Transporter's ID		
8. US EPA ID Number			F. Transporter's Phone		
9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT 35251 Skyline Kettleman City, CA			G. State Facility's ID CAT0 0056117		
10. US EPA ID Number C A T 0 0 0 6 4 6 1 1 7			H. Facility's Phone (209) 386-9711		
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers	13. Total Quantity	14. Unit Wt/Vol	15. Waste No.
a. HAZARDOUS WASTE SOLID N.O.S., ORM-E, NA 9189		No. 001	Type DT	00016	y 611
b.					
c.					
d.					
J. Additional Descriptions for Materials Listed Above REFER TO WASTE PROFILE SHEET # 53718 CONTAMINATED SOIL WITH PLATING SOLUTIONS			K. Handling Codes for Wastes Listed Above 03		
15. Special Handling Instructions and Additional Information GLOVES AND GOGGLES					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.					
Printed/Typed Name R. J. SLATTERBECK		Signature <i>[Signature]</i>		Date Month Day Year 12 16 85	
17. Transporter 1 Acknowledgement of Receipt of Materials					
Printed/Typed Name <i>[Signature]</i>		Signature <i>[Signature]</i>		Date Month Day Year 12 16 85	
18. Transporter 2 Acknowledgement or Receipt of Materials					
Printed/Typed Name		Signature		Date Month Day Year	
19. Discrepancy Indication Space Plant Engineering					
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.					
Printed/Typed Name S. Nolas		Signature <i>[Signature]</i>		Date Month Day Year 12 16 85	

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. C A D 0 0 8 3 2 5 3 3 4		Manifest Document No. 0 0 0 5 4		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.					
3. Generator's Name and Mailing Address ALLIED CORPORATION - Bendix Electrodynamics Division 11600 Sherman Way, N. Hollywood, CA 91605						A. State Manifest Document Number 84352665							
4. Generator's Phone (818) 765-1010						B. State Generator's ID CADO 0825334							
5. Transporter 1 Company Name HARDEN TRUCKING CO.						C. State Transporter's ID 0 3 6 2 0							
6. US EPA ID Number CAX 00005207						D. Transporter's Phone (818) 962-0802							
7. Transporter 2 Company Name						E. State Transporter's ID							
8. US EPA ID Number						F. Transporter's Phone							
9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT 35251 Skyline Kettleman City, CA						G. State Facility's ID CATO 00646117							
10. US EPA ID Number C.A.T.O.O.O.6.4.6.1.1.7						H. Facility's Phone (209) 386-9711							
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers		13. Total Quantity		14. Unit		15. Waste No.	
a. HAZARDOUS WASTE SOLID N.O.S. , ORM-E, NA 9189						No. Type		Quantity		Unit		Waste No.	
						0 0 1 D T		00016		Y		611	
b.													
c.													
d.													
J. Additional Descriptions for Materials Listed Above REFER TO WASTE PROFILE SHEET # 53718 CONTAMINATED SOIL WITH PLATING SOLUTIONS						K. Handling Codes for Wastes Listed Above 03							
15. Special Handling Instructions and Additional Information GLOVES AND GOGGLES													
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.													
Printed/Typed Name R.J. SLATTERBECK						Signature <i>[Signature]</i>		Date Month Day Year 1 2 1 6 8 5					
17. Transporter 1 Acknowledgement of Receipt of Materials						Signature <i>[Signature]</i>		Date Month Day Year 1 2 1 6 8 5					
Printed/Typed Name Louis Dorsey						Signature <i>[Signature]</i>		Date Month Day Year 1 2 1 6 8 5					
18. Transporter 2 Acknowledgement or Receipt of Materials						Signature		Date Month Day Year					
Printed/Typed Name						Signature		Date Month Day Year					
19. Discrepancy Indication Space 9. Improper facility address. JAN 2 1986 Plant Engineering													
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.													
Printed/Typed Name S. Juanes						Signature <i>[Signature]</i>		Date Month Day Year 1 2 1 6 8 5					

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. C A D 0 0 8 3 2 5 3 3 4 0 0 0 5 2	Manifest Document No. 0 0 0 5 2	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address ALLIED CORPORATION-Bendis Electrodynamics Division 11600 Sherman Way, N. Hollywood, CA 91605				A. State Manifest Document Number 84352663		
4. Generator's Phone (818) 765-1010				B. State Generator's ID C A D 0 0 8 2 5 3 3 4		
5. Transporter 1 Company Name Zepeda TRKG		6. US EPA ID Number C A X 0 0 0 0 3 4 0 7 0		C. State Transporter's ID 63617		
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone 714 829-4273		
9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT 35251 Skyline Kettleman City, CA		10. US EPA ID Number I C A T 0 0 0 6 4 6 1 1 7		E. State Transporter's ID		
				F. Transporter's Phone		
				G. State Facility's ID K A T O 0 0 6 4 6 1 1 7		
				H. Facility's Phone (209) 826-9711		
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)				12. Containers	13. Total Quantity	14. Unit Wt/Vol
a. HAZARDOUS WASTE SOLID N.O.S. , ORM-E , NA 9189				No. Type		
				0 0 1 D T	16	Y
b.						
c.						
d.						
J. Additional Descriptions for Materials Listed Above REFER TO WASTE PROFILE SHEET # 53718 CONTAMINATED SOIL WITH PLATING SOLUTIONS				K. Handling Codes for Wastes Listed Above 03		
15. Special Handling Instructions and Additional Information GLOVES AND GOGGLES						
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.						
Printed/Typed Name R.J. SLATTERBECK				Signature <i>[Signature]</i>		Date Month Day Year 1 2 1 6 8 5
17. Transporter 1 Acknowledgement of Receipt of Materials				Signature <i>[Signature]</i>		Date Month Day Year 1 2 1 6 8 5
Printed/Typed Name Zepeda				Signature <i>[Signature]</i>		Date Month Day Year 1 2 1 6 8 5
18. Transporter 2 Acknowledgement or Receipt of Materials				Signature		Date Month Day Year
Printed/Typed Name				Signature		Date Month Day Year
19. Discrepancy Indication Space JAN 2 1986 Plant Engineering						
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.						
Printed/Typed Name S N LIGNES				Signature <i>[Signature]</i>		Date Month Day Year 1 2 1 6 8 5

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. C A D 0 0 8 3 2 5 3 3 4 0 0 0 50	Manifest Document No. 4 0 0 0 50	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address ALLIED CORPORATION-Bendix Electrodynamics 11600 Sherman Way, N. Hollywood, CA 91605				A. State Manifest Document Number 84352661	
4. Generator's Phone (818) 765-1010				B. State Generator's ID CADO 0825334	
5. Transporter Company Name Conley Shepherd Tkg				C. State Transporter's ID 63615	
6. US EPA ID Number CA.X0000094136				D. Transporter's Phone 818-963-0802	
7. Transporter 2 Company Name				E. State Transporter's ID	
8. US EPA ID Number				F. Transporter's Phone	
9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT 35251 Skyline Kettleman City, CA				G. State Facility's ID CATO 00646117	
10. US EPA ID Number C A T 0 0 0 6 4 6 1 1 7				H. Facility's Phone (209) 386-9711	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No.	Type	13. Total Quantity	14. Unit M/Vol
a. HAZARDOUS WASTE SOLID N.O.S., ORM-E, NA 9189		0 0 1	D T	16	Y
b.					
c.					
d.					
J. Additional Descriptions for Materials Listed Above CONTAMINATED SOIL WITH PLATING SOLUTIONS REFER TO WASTE PROFILE SHEET # F53718				K. Handling Codes for Wastes Listed Above Q3	
15. Special Handling Instructions and Additional Information GOGGLES AND GLOVES					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.					
Printed/Typed Name R.J. SLATTERBECK				Signature [Signature] Date Month Day Year 1 2 1 6 8 5	
17. Transporter 1 Acknowledgement of Receipt of Materials				Date	
Printed/Typed Name Conley Shepherd				Signature [Signature] Date Month Day Year 1 2 1 6 8 5	
18. Transporter 2 Acknowledgement or Receipt of Materials				Date	
Printed/Typed Name				Signature Date Month Day Year	
19. Discrepancy Indication Space JAN 2 1986 Plant Engineering					
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.					
Printed/Typed Name S. N. G. N. C. S.				Signature [Signature] Date Month Day Year 1 2 1 6 8 5	

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. C A D 0 0 8 3 2 5 3 3 4 0 0 0 4 9		Manifest Document No. 0 0 0 4 9		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.					
3. Generator's Name and Mailing Address ALLIED CORPORATION-Bendix Electrodynamics Division 11600 Sherman Way, N. Hollywood, CA 91605						A. State Manifest Document Number 84352660							
4. Generator's Phone (818) 765-1010						B. State Generator's ID CADO 0825334							
5. Transporter 1 Company Name J-Cal Trans						C. State Transporter's ID 62622							
6. US EPA ID Number C A D 9 8 0 8 1 4 8 8 3						D. Transporter's Phone 213-9207709							
7. Transporter 2 Company Name						E. State Transporter's ID							
8. US EPA ID Number						F. Transporter's Phone							
9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT 35251 Skyline Kettleman City, CA						G. State Facility's ID C A T O 0 0 6 4 6 1 1 7							
10. US EPA ID Number C A T 0 0 0 6 4 6 1 1 7						H. Facility's Phone (209) 386-9711							
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers		13. Total Quantity		14. Unit Wt/Vol		15. Waste No.	
a. HAZARDOUS WASTE SOLID N.O.S., ORM-E, NA 9189						No. Type		Quantity		Unit Wt/Vol		Waste No.	
						0 0 1 D T		16		Y		611	
b.													
c.													
d.													
J. Additional Descriptions for Materials Listed Above REFER TO WASTE PROFILE SHEET # F53718 CONTAMINATED SOIL WITH PLATING SOLUTIONS						K. Handling Codes for Wastes Listed Above 03							
15. Special Handling Instructions and Additional Information GLOVES AND GOGGLES													
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.													
Printed/Typed Name R. J. SLATTERBECK						Signature <i>R. J. Slatterbeck</i>		Date Month Day Year 12/16/85					
17. Transporter 1 Acknowledgement of Receipt of Materials								Date Month Day Year 12/16/85					
Printed/Typed Name David Brian Downing						Signature <i>David B. Downing</i>		Date Month Day Year 12/16/85					
18. Transporter 2 Acknowledgement or Receipt of Materials								Date Month Day Year 12/16/85					
Printed/Typed Name						Signature		Date Month Day Year					
19. Discrepancy Indication Space 9. Improper facility address.						JAN 2 1986 Plant Engineering							
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.								Date Month Day Year 12/16/85					
Printed/Typed Name Susan Sanchez						Signature <i>Susan Sanchez</i>		Date Month Day Year 12/16/85					

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. C A D 0 0 8 3 2 5 3 3 4 0 0 0 4 8	Manifest Document No. 048	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address ALLIED CORPORATION-Bendix Electrodynamics Division 11600 Sherman Way, N. Hollywood, Ca 91605		A. State Manifest Document Number 84352659			
4. Generator's Phone (818) 765-1010		B. State Generator's ID CADO 0825334			
5. Transporter 1 Company Name J Cal TRANS		C. State Transporter's ID 62621			
6. US EPA ID Number C A D 0 0 8 3 2 5 3 3 4 0 0 0 4 8		D. Transporter's Phone 213 920 7704			
7. Transporter 2 Company Name		E. State Transporter's ID			
8. US EPA ID Number		F. Transporter's Phone			
9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT 35251 Skyline Kettleman City, CA		G. State Facility's ID CATO 00646117			
10. US EPA ID Number C A T 0 0 0 6 4 6 1 1 7		H. Facility's Phone (209) 386-9711			
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol
a. HAZARDOUS WASTE SOLID N.O.S., ORM-E, NA 9189		0 0 1	D T	1 6	Y
b.					
c.					
d.					
J. Additional Descriptions for Materials Listed Above REFER TO WASTE PROFILE SHEET # F53718 CONTAMINATED SOIL WITH PLATING SOLUTIONS		K. Handling Codes for Wastes Listed Above 03			
15. Special Handling Instructions and Additional Information GLOVES AND GOGGLES					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.					
Printed/Typed Name R.J. SLATTERBECK		Signature <i>R.J. Slatterbeck</i>		Date Month Day Year 1 2 16 85	
17. Transporter 1 Acknowledgement of Receipt of Materials		Signature <i>John Wallberg</i>		Date Month Day Year 1 2 16 85	
18. Transporter 2 Acknowledgement of Receipt of Materials		Signature		Date	
Printed/Typed Name		Signature		Date	
19. Discrepancy Indication Space Improper facility address. JAN 2 1986 Plant Engineering					
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.					
Printed/Typed Name Susan Sanchez		Signature <i>Susan Sanchez</i>		Date Month Day Year 1 2 16 85	

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Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. C A D 0 0 8 3 2 5 3 3 4 0 0 0 4	Manifest Document No. 1	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address ALLIED CORPORATION-Bandix Electrodynamics Division 11600 Sherman Way, N. Hollywood, CA 91605			A. State Manifest Document Number 84352658			
4. Generator's Phone (818) 765-1010			B. State Generator's ID CADO 0825334			
5. Transporter 1 Company Name SUNDANCE TRUCKING			C. State Transporter's ID 66938			
6. US EPA ID Number 1 E A V 0 0 0 7 4 0 5 2			D. Transporter's Phone 313-425-6625			
7. Transporter 2 Company Name			E. State Transporter's ID			
8. US EPA ID Number			F. Transporter's Phone			
9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT 35251 Skyline Kettleman City, CA			G. State Facility's ID C A T O 0 0 6 4 6 1 1 7			
10. US EPA ID Number C A T O 0 0 6 4 6 1 1 7			H. Facility's Phone (209) 386-9711			
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)			12. Containers No.	13. Total Quantity	14. Unit Wt/Vol	15. Waste No.
a. HAZARDOUS WASTE SOLID N.O.S., ORM-E, NA 9189			0 0 1 D T	600 KG	Y	611
b.						
c.						
d.						
J. Additional Descriptions for Materials Listed Above REFER TO WASTE PROFILE SHEET # F53718 CONTAMINATED SOIL WITH PLATING SOLUTIONS			K. Handling Codes for Wastes Listed Above 02			
15. Special Handling Instructions and Additional Information GLOVES AND GOGGLES						
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.						
Printed/Typed Name R.J. SLATTERBECK			Signature <i>[Signature]</i>		Date Month Day Year 12 16 85	
17. Transporter 1 Acknowledgement of Receipt of Materials			Signature <i>[Signature]</i>		Date Month Day Year 12 16 85	
Printed/Typed Name MICHAEL J. VAN NORD			Signature <i>[Signature]</i>		Date Month Day Year 12 16 85	
18. Transporter 2 Acknowledgement or Receipt of Materials			Signature <i>[Signature]</i>		Date Month Day Year 12 16 85	
Printed/Typed Name			Signature		Date Month Day Year 12 16 85	
19. Discrepancy Indication Space JAN 2 1986 Plant Engineering						
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.						
Printed/Typed Name S. Nunez			Signature <i>[Signature]</i>		Date Month Day Year 12 16 85	

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. C A D 0 0 8 3 2 5 3 3 4 0 0 0 4	Manifest Document No. of 1	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address ALLIED CORPORATION/Bendix Electrodynamics Division 11600 Sherman Way, N. Hollywood, CA 91605			A. State Manifest Document Number 84352657			
4. Generator's Phone (818) 765-1010			B. State Generator's ID CADO 08325334			
5. Transporter 1 Company Name DISPOSAL CONTROL SERVICE		6. US EPA ID Number C A T 0 8 0 0 3 4 1 8 4	C. State Transporter's ID 66343			
7. Transporter 2 Company Name		8. US EPA ID Number	D. Transporter's Phone (800) 824-3345			
9. Designated Facility Name and Site Address CASMALIA Resource Management NTU Road Casmalia, CA 93429		10. US EPA ID Number C A D 0 2 0 7 4 8 1 2 5	E. State Transporter's ID			
			F. Transporter's Phone			
			G. State Facility's ID CADO 2748125			
			H. Facility's Phone (805) 937-8449			
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)			12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol
a. HAZARDOUS WASTE SOLID N.O.S. ORM-E UN 9189			0 0 1	C M	0 0 0 3 0 Y	181
b.						
c.						
d.						
J. Additional Descriptions for Materials Listed Above MISCELLANEOUS DEBRIS FROM PLATING OPERATION i.e. pipes, wood, metals			K. Handling Codes for Wastes Listed Above 03			
15. Special Handling Instructions and Additional Information GLOVES AND GOGGLES						
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.						
Printed/Typed Name R.J. SLATTERBECK			Signature		Date Month Day Year 1 2 1 3 8 5	
17. Transporter 1 Acknowledgement of Receipt of Materials			Signature		Date Month Day Year 1 2 1 3 8 5	
Printed/Typed Name JULIO DEHON			Signature		Date Month Day Year 1 2 1 3 8 5	
18. Transporter 2 Acknowledgement or Receipt of Materials			Signature		Date Month Day Year	
Printed/Typed Name			Signature		Date Month Day Year	
19. Discrepancy Indication Space						
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. 66003-15, 10016						
Printed/Typed Name Casmalia Resource Management			Signature Carol A. Hush		Date Month Day Year 1 2 1 3 8 5	

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. C A D 0 0 8 3 2 5 3 3 4 0 0 0 4 5	Manifest Document No. 84352656	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address ALLIED CORPORATION/Bendix Electrodynamics Division 11600 ShermanWay, N. Hollywood, CA 91605		6. US EPA ID Number C A D 0 0 8 3 2 5 3 3 4		A. State Manifest Document Number 84352656	
4. Generator's Phone (818) 765-1010		6. US EPA ID Number		B. State Generator's ID C A D 0 0 8 3 2 5 3 3 4	
5. Transporter 1 Company Name DISPOSAL CONTROL SERVICE		8. US EPA ID Number I C A T 0 8 0 0 3 4 1 8 4		C. State Transporter's ID 66356	
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone (800) 824-3345	
9. Designated Facility Name and Site Address CASMALIA Resource Management NTU Road Casmalia, CA 93429		10. US EPA ID Number I C A D 0 2 0 7 4 8 1 2 5		E. State Transporter's ID	
		10. US EPA ID Number		F. Transporter's Phone	
		10. US EPA ID Number		G. State Facility's ID C A D 0 2 0 7 4 8 1 2 5	
		10. US EPA ID Number		H. Facility's Phone (805) 937-8449	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers	13. Total Quantity	14. Unit	15. Waste No.
a. HAZARDOUS WASTE SOLID N.O.S. ORM-E UN9189		No. 0 0 1	Type C M	Quantity 0 0 0 2 5	Unit Y
b.					
c.					
d.					
J. Additional Descriptions for Materials Listed Above MISCELLANEOUS DEBRIS FROM PLATING OPERATION i.e. pipes, wood, metals		K. Handling Codes for Wastes Listed Above 03			
16. Special Handling Instructions and Additional Information GLOVES AND GOGGLES					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.					
Printed/Typed Name R.J. SLATTERBECK		Signature [Signature]		Date 12/1/85	
17. Transporter 1 Acknowledgement of Receipt of Materials		Signature		Date	
Printed/Typed Name JILLIAN [Signature]		Signature		Date 12/1/85	
18. Transporter 2 Acknowledgement or Receipt of Materials		Signature		Date	
Printed/Typed Name [Signature]		Signature		Date 12/1/85	
19. Discrepancy Indication Space					
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. # 00003					
Printed/Typed Name Casmalia Resource Management		Signature [Signature]		Date 12/13/85	

UNIFORM HAZARDOUS WASTE MANIFEST (Continuation Sheet)		21. Generator's US EPA ID No. C A D 0 0 8 3 2 5 3 3 4	Manifest Document No. 0 0 0 4 4	22. Page 2	Information in the shaded areas is not required by Federal law.	
23. Generator's Name ALLIED CORPORATION/Bendix Electrodynamics Division 11600 Sherman Way, N. Hollywood, CA 91605 (818) 765-1010				L. State Manifest Document Number 84352655		
24. Transporter Company Name DISPOSAL CONTROL SERVICE		25. US EPA ID Number I C A T 0 8 0 0 3 4 1 8 4		M. State Generator's ID CADO 08325334		
26. Transporter Company Name		27. US EPA ID Number		N. State Transporter's ID		
				O. Transporter's Phone (800) 824-3345		
				P. State Transporter's ID		
				Q. Transporter's Phone		
28. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)				29. Containers No.	Type	30. Total Quantity
a. WASTE CORROSIVE SOLID N.O.S. UN 1759 Corrosive Material				0 1 0	D M	0 0 0 2.5
b.						
c.						
d.						
e.						
f.						
g.						
h.						
i.						
S. Additional Descriptions for Materials Listed Above SOLIDIFIED IN VERMICULITE a.-1 Drums 13,14,& 15 Caustic soda ph 11.0 a.-2 Drums 16,17,18,19,20,21, & 22 Alkaline ph 9.0				T. Handling Codes for Wastes Listed Above 03		
32. Special Handling Instructions and Additional Information Protective clothing and goggles						
33. Transporter <u>L</u> Acknowledgement of Receipt of Materials						Date
Printed/Typed Name MIKE M. MANAMA				Signature Mike M. Manama		Month Day Year 1 2 0 9 8 5
34. Transporter Acknowledgement of Receipt of Materials						Date
Printed/Typed Name				Signature		Month Day Year
35. Discrepancy Indication Space						

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. C A D O 0 8 3 2 5 3 3 4 0 0 0 4 4	Manifest Document No. 0 0 0 4 4	2. Page 1 of 2	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address ALLIED CORPORATION/Bendix Electrodynamics Division 11600 Sherman Way, N. Hollywood, CA 91605		A. State Manifest Document Number 84352655		B. State Generator's ID CADO 08325334	
4. Generator's Phone (818) 765-1010		6. US EPA ID Number C A T O 8 0 0 3 4 1 8 4		C. State Transporter's ID 66354	
5. Transporter 1 Company Name DISPOSAL CONTROL SERVICE		7. Transporter 2 Company Name		D. Transporter's Phone (800) 824-3345	
9. Designated Facility Name and Site Address CASMALIA Resource Management NTU Road Casmalia, CA 93429		10. US EPA ID Number C A D O 2 0 7 4 8 1 2 5		E. State Transporter's ID CADO 20748125	
				F. Transporter's Phone (805) 937-8449	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No.	Type	13. Total Quantity	14. Unit M/Vol
a. WASTE CORROSIVE SOLID N.O.S. UN 1759, Corrosive Material		0 1 3	D MD	0 3 25	Y
b.					
c.					
d.					
J. Additional Descriptions for Materials Listed Above 1 Drums 1,2,3,223 Chromic Acid ph 2.0 2 Drums 445 Nitric Acid ph 2.5 3 Drums 6,7,8,89 Mariatic Acid ph 2.5 4 Drums 10,11,12 Hydrochloric Acid ph 2.0		K. Handling Codes for Wastes Listed Above 03		SOLIDIFIED IN VERNICULITE	
15. Special Handling Instructions and Additional Information Protective clothing and goggles SEE ATTACHED CONTINUATION SHEET					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.					
Printed/Typed Name R.J. SLATTERBECK		Signature <i>[Signature]</i>		Date Month Day Year 1 2 0 9 85	
17. Transporter 1 Acknowledgement of Receipt of Materials					
Printed/Typed Name MIKE McMANAMA		Signature <i>[Signature]</i>		Date Month Day Year 1 2 0 9 85	
18. Transporter 2 Acknowledgement or Receipt of Materials					
Printed/Typed Name		Signature		Date Month Day Year	
19. Discrepancy Indication Space plant Engineering					
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. # 65810					
Printed/Typed Name Casmalia Resource		Signature <i>[Signature]</i>		Date Month Day Year 1 2 1 2 1	

GENERATOR COPY

Please print or type. (Form designed for use on elite (12 pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.	2. Manifest Page 1 of 1	Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address ALLIED CORPORATION/Bendix Electrodynamics Division 11600 Sherman Way, N. Hollywood, CA 91605		C A D O 0 8 3 2 5 3 3 4 0 0 4		A. State Manifest Document Number 84352654	
4. Generator's Phone (818) 765-1010		6. US EPA ID Number		B. State Generator's ID	
5. Transporter 1 Company Name DISPOSAL CONTROL SERVICE		C. State Transporter's ID CADO 0825334		D. Transporter's Phone (800) 824-3345	
7. Transporter 2 Company Name		8. US EPA ID Number		E. State Transporter's ID	
9. Designated Facility Name and Site Address CASMALIA- Resource Management NTU Road Casmalia, CA 93429		10. US EPA ID Number I C A S 0 2 0 7 4 8 1 2 5		F. Transporter's Phone	
				G. State Facility's ID CADO 20748125	
				H. Facility's Phone (805) 937-8449	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol
a. WASTE CORROSIVE LIQUID N.O.S. UN 1760, Corrosive Mat.		0 0 1	C T	0 2 0 0 0	G 111
b.					
c.					
d.					
J. Additional Descriptions for Materials Listed Above Chromic Acid - 7% Caustic Soda 5% Water 88% * Neutralized Acid Solution PH-4				K. Handling Codes for Wastes Listed Above 8/5 acid	
15. Special Handling Instructions and Additional Information Protective clothing Eye Protection					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.					
Printed/Typed Name R.J. Slatterbeck		Signature <i>R.J. Slatterbeck</i>		Date Month Day Year 12 06 85	
17. Transporter 1 Acknowledgement of Receipt of Materials		Signature <i>[Signature]</i>		Date Month Day Year 12 06 85	
Printed/Typed Name		Signature		Date	
18. Transporter 2 Acknowledgement or Receipt of Materials		Signature		Date	
Printed/Typed Name		Signature		Date	
19. Discrepancy Indication Space JAN 13 1986 Plant Engineering					
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. #65334-15,600 lbs.					
Printed/Typed Name CASMALIA Resources		Signature Alice Griest (Alice Griest)		Date Month Day Year 12 06 85	

8053-566454

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. C A D 0 0 8 3 2 5 3 3 4 0 0 0 4 2		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address ALLIED CORPORATION /Bendix Electrodynamics Division 11600 Sherman Way, N. Hollywood, CA 91605				A. State Manifest Document Number 84352653			
4. Generator's Phone (818) 765-1010				B. State Generator's ID CADO 0825334			
5. Transporter 1 Company Name DISPOSAL CONTROL SERVICE				C. State Transporter's ID 06349			
6. US EPA ID Number C A T 0 8 0 0 3 4 1 8 4				D. Transporter's Phone (818) 824-3345			
7. Transporter 2 Company Name				E. State Transporter's ID			
8. US EPA ID Number				F. Transporter's Phone			
9. Designated Facility Name and Site Address CASMALIA-Resource Management NTU Road Casmalia, CA 93429				G. State Facility's ID CADO 20748125			
10. US EPA ID Number C A S 0 2 0 7 4 8 1 2 5				H. Facility's Phone (805) 937-8449			
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers	13. Total Quantity
a. WASTE PETROLEUM OIL N.O.S./COMBUSTIBLE LIQUID UN1270						No.	Unit
						Type	Wt/Vol
J. Additional Descriptions for Materials Listed Above Cutting oil 25% Water soluble 10% Water 65%						K. Handling Codes for Wastes Listed Above 06/c	
15. Special Handling Instructions and Additional Information GLOVES AND GOGGLES							
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.							
Printed/Typed Name R.J. SLATTERBECK						Signature <i>[Signature]</i>	
						Date 11/19/85	
17. Transporter 1 Acknowledgement of Receipt of Materials							
Printed/Typed Name Randy L Aiken						Signature <i>[Signature]</i>	
						Date 11/19/85	
18. Transporter 2 Acknowledgement or Receipt of Materials							
Printed/Typed Name						Signature DEC 2 1985	
						Date 11/19/85	
19. Discrepancy Indication Space Plant Engineer							
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19 19-32,300 lbs.							
Printed/Typed Name Casmalia Resources / Edm Bautista						Signature <i>[Signature]</i>	
						Date 11/19/85	

8053-566327

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.	Manifest Document No.	2. Page 3 of 1	Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address ALLIED CORPORATION-Bendix Electrodynamics Division 11600 Sherman Way, N. Hollywood, CA 91605		C A D 0 0 8 3 2 5 3 3 4 0 0 0 4 1		A. State Manifest Document Number 84352652		
4. Generator's Phone (818) 765-1010		6. US EPA ID Number		B. State Generator's ID CADO 0825334		
5. Transporter 1 Company Name DISPOSAL CONTROL SERVICE		7. Transporter 1 US EPA ID Number I C A T 0 8 0 0 3 4 1 8 4		C. State Transporter's ID 62354		
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone (818) 824-3345		
9. Designated Facility Name and Site Address CASMALIA-Resource Management NTU Road Casmalia, CA 93429		10. US EPA ID Number I C A D 0 2 0 7 4 8 1 2 5		E. State Transporter's ID F. Transporter's Phone G. State Facility's ID CASO 20748125 H. Facility's Phone (805) 937-8449		
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers		13. Total Quantity	14. Unit	15. Waste No.
a. WASTE CORROSIVE SOLID, N.O.S. CORROSIVE MATERIAL UN 1759		No.	Type			
b.						
c.						
d.						
J. Additional Descriptions for Materials Listed Above Hydrochloric Acid 30%, solidified in vermiculite		K. Handling Codes for Wastes Listed Above C3				
15. Special Handling Instructions and Additional Information Gloves and goggles and protective clothing Extremely Hazardous Waste Disposal Permit # 3-8299						
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.						
Printed/Typed Name R. J. Slatterbeck		Signature		Date Month Day Year 11 01 85		
17. Transporter 1 Acknowledgement of Receipt of Materials		Signature		Date Month Day Year 11 11 85		
18. Transporter 2 Acknowledgement or Receipt of Materials		Signature		Date Month Day Year 11 11 85		
19. Discrepancy Indication Space		NOV 20 1985 Plant Engineering				
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.						
Printed/Typed Name Casmalia Resource Management		Signature		Date Month Day Year 11 14 85		

8053-566327

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. C A D 0 0 8 3 2 5 3 3 4 0 0 0 4 0	Manifest Document No. of 1	2. Page 1	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address ALLIED CORPORATION - Bendix Electrodynamics Division 11600 Sherman Way, N. Hollywood, CA 91605		A. State Manifest Document Number 84352651			
4. Generator's Phone (818) 765-XXXX 1010		B. State Generator's ID CADO 0825334			
5. Transporter 1 Company Name DISPOSAL CONTROL SERVICE		6. US EPA ID Number C A T 0 8 0 0 3 4 1 8 4		C. State Transporter's ID 66354	
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone (818) 824-3345	
9. Designated Facility Name and Site Address CASMALIA-Resource Management NTU Road Casmalia, CA 93429		10. US EPA ID Number C A D 0 2 0 7 4 8 1 2 5		E. State Transporter's ID	
				F. Transporter's Phone	
				G. State Facility's ID CASO 20748125	
				H. Facility's Phone (805) 937-8449	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No.	Type	13. Total Quantity	14. Unit M/Vol
a. WASTE CORROSIVE SOLID N.O.S. UN 1759 CORROSIVE MATERIAL		0 0 3 0 M		0 0 0 0 1	Y
b.					
c.					
d.					
J. Additional Descriptions for Materials Listed Above 18 gallon carboys of neutralized alodine solution lab packed in drums with vermiculite. Ph 12.5. Sodium chromate - 5.8 % Potassium ferri cyanide -.2% Sodium nitrate - 1.8 %		K. Handling Codes for Wastes Listed Above 03			
15. Special Handling Instructions and Additional Information Gloves and goggles and protective clothing Extremely Hazardous Waste Disposal Permit # 3-8299					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.					
Printed/Typed Name R.J. Slatterbeck		Signature <i>[Signature]</i>		Date Month Day Year 11 0 1 8 5	
17. Transporter 1 Acknowledgement of Receipt of Materials		Signature <i>[Signature]</i>		Date Month Day Year 11 01 85	
Printed/Typed Name KEN HUDSON		Signature		Date	
18. Transporter 2 Acknowledgement or Receipt of Materials		Signature RECEIVED		Date Month Day Year	
Printed/Typed Name		Signature		Date	
19. Discrepancy Indication Space NOV 2 1985 Plant Engineering					
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.					
Printed/Typed Name Casmalia Resources		Signature <i>[Signature]</i>		Date Month Day Year 11 01 85	

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. C A D 0 0 8 3 2 5 3 3 4 0 0 0 3 8	Manifest Document No. 4 0 0 0 3 8	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address ALLIED CORPORATION-Bendix Electrodynamics Division 11600 Sherman Way, N. Hollywood, CA 91605		A. State Manifest Document Number 84352649			
4. Generator's Phone (818) 765-1010		B. State Generator's ID CADO 0825334			
5. Transporter 1 Company Name J. CAL TRANSPORTATION		6. US EPA ID Number C A D 9 8 0 8 1 4 8 8 3		C. State Transporter's ID 62530	
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone (213) 920-7709	
9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT 35251 Skyline Kettleman City, CA		10. US EPA ID Number C A T 0 0 0 6 4 6 1 1 7		E. State Transporter's ID	
				F. Transporter's Phone	
				G. State Facility's ID CATO 00646117	
				H. Facility's Phone (209) 386-9711	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No.	Type	13. Total Quantity	14. Unit M/V/Vol
a. HAZARDOUS WASTE SOLID N.O.S. NA 9189 ORM-E		0 0 1	D T	0 0 0 1 8	Y
b.					
c.					
d.					
J. Additional Descriptions for Materials Listed Above REFER TO WASTE PROFILE SHEET # EB2426051		K. Handling Codes for Wastes Listed Above 03			
15. Special Handling Instructions and Additional Information GOGGLES AND GLOVES					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.					
Printed/Typed Name R.J. SLATTERBECK		Signature <i>R.J. Slatterbeck</i>		Date Month Day Year 10 18 85	
17. Transporter 1 Acknowledgement of Receipt of Materials		Signature <i>James Aronson</i>		Date Month Day Year 1 20 85	
Printed/Typed Name JAMES ARONSON		Signature <i>James Aronson</i>		Date Month Day Year 1 20 85	
18. Transporter 2 Acknowledgement or Receipt of Materials		Signature <i>Plant Engineering</i>		Date Month Day Year NOV 6 1985	
Printed/Typed Name		Signature		Date Month Day Year	
19. Discrepancy Indication Space Plant Engineering					
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.					
Printed/Typed Name Ricardo S. Abellera		Signature <i>Ricardo S. Abellera</i>		Date Month Day Year 10 18 85	

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. C A D 00 8 3 2 5 3 3 4 1 0 0 3 7	Manifest Document No. 0 0 0 3 7	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address ALLIED CORPORATION-Bendix Electrodynamics Division 11600 Sherman Way, N. Hollywood, CA 91605		A. State Manifest Document Number 84352647			
4. Generator's Phone (818) 765-1010		B. State Generator's ID CADO 0825334			
5. Transporter 1 Company Name DISPOSAL CONTROL SERVICE		6. US EPA ID Number I C A T 0 8 0 0 3 4 1 8 4		C. State Transporter's ID 66354	
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone (800) 824-3345	
9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT 35251 Skyline Kettleman City, CA		10. US EPA ID Number I C A T 0 0 0 6 4 6 1 1 7		E. State Transporter's ID	
				F. Transporter's Phone	
				G. Facility's ID CADO 00646117	
				H. Facility's Phone (209) 386-9711	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol
a. HAZARDOUS WASTE SOLID N.O.S. NA 9189 ORM-E		0 0 1	T P	13.6	Y
b.					
c.					
d.					
J. Additional Descriptions for Materials Listed Above REFER TO WASTE PROFILE SHEET #E82426051		K. Handling Codes for Wastes Listed Above 03			
15. Special Handling Instructions and Additional Information GOGGLES AND GLOVES					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.					
Printed/Typed Name R.J. SLATTERBECK		Signature <i>[Signature]</i>		Date Month Day Year 1 0 1 8 8 9	
17. Transporter 1 Acknowledgement of Receipt of Materials		Signature <i>Mike M. Manana</i>		Date Month Day Year 1 0 1 8 8 5	
18. Transporter 2 Acknowledgement or Receipt of Materials		Signature R E C E I V E D		Date Month Day Year NOV 8 1985	
19. Discrepancy Indication Space I.) 513		Plant Engineering			
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.					
Printed/Typed Name Ricardo S. Abelleira LT		Signature <i>Ricardo S. Abelleira</i>		Date Month Day Year 1 0 1 8 8 5	

8053-565270

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of 1	Information in the shaded area is not required by law.
3. Generator's Name and Mailing Address ALLIED CORPORATION-Bendix Electrodynamics Division 11600 Sherman Way, N. Hollywood, CA 91605		C A D 0 0 8 3 2 5 3 3 4 0 0 0 3 4		A. State Manifest Document Number 34352644	
4. Generator's Phone (818) 765-1010		6. US EPA ID Number		B. State Generator's ID CADO 0825334	
5. Transporter 1 Company Name DISPOSAL CONTROL SERVICE		IC A T 0 8 0 0 3 4 1 8 4		C. State Transporter's ID 66532	
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone (818) 824-3345	
9. Designated Facility Name and Site Address CASMALIA - Resource Management NTU Road Casmalia, CA 93429		10. US EPA ID Number IC A S O 2 0 7 4 8 1 2 5		E. State Transporter's ID F. Transporter's Phone G. State Facility's ID CASO 20748125 H. Facility's Phone (805) 937-8449	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers	13. Total Quantity	14. Unit Wt/Vol	15. Waste No.
a. WASTE CORROSIVE LIQUID NOS UN 1760 Corrosive Mater.		No. 0 0 1	Type C T	0 3 8 0 0	G 113
b.					
c.					
d.					
J. Additional Descriptions for Materials Listed Above CHRONIC ACID 200 ppm PH - 6.2 WATER		K. Handling Codes for Wastes Listed Above 08/J 24			
15. Special Handling Instructions and Additional Information goggles and gloves E 7476					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.					
Printed/Typed Name R.J. Slatterbeck		Signature		Date Month Day Year 0 9 3 0 8 5	
17. Transporter 1 Acknowledgement of Receipt of Materials		Signature		Date Month Day Year 0 9 3 0 8 5	
18. Transporter 2 Acknowledgement or Receipt of Materials		Signature		Date Month Day Year	
19. Discrepancy Indication Space Plant Engineering					
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.					
Printed/Typed Name Casmalia Resources		Signature		Date Month Day Year 10 1 85	

8053-565307

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. C A D 0 0 8 3 2 5 3 3 4 0 0 0 3 5		Manifest Document No. 4 0 0 0 3 5		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.					
3. Generator's Name and Mailing Address ALLIED CORPORATION-Bendix Electrodynamics Division 11600 Sherman Way, N. Hollywood, CA 91605						A. State Manifest Document Number 84352645							
4. Generator's Phone (818) 765-1010						B. State Generator's ID CADO 0825334							
5. Transporter 1 Company Name DISPOSAL CONTROL SERVICE				6. US EPA ID Number I C A T 0 8 0 0 3 4 1 8 4		C. State Transporter's ID 66254							
7. Transporter 2 Company Name				8. US EPA ID Number		D. Transporter's Phone (818) 824-3345							
9. Designated Facility Name and Site Address CASMALIA-Resource Management NTU Road Casmalia, CA 93429				10. US EPA ID Number I C A S 0 2 0 7 4 8 1 2 5		E. State Transporter's ID							
						F. Transporter's Phone							
						G. State Facility's ID CASO 20748125							
						H. Facility's Phone (805) 937-8449							
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers		13. Total Quantity		14. Unit		15. Waste No.	
a. WASTE PETROLEUM OIL N.O.S./COMBUSTIBLE LIQUID UN 1270						No. Type		Quantity		Unit		Waste No.	
						0 0 1 C T		0 4 5 0 0		G		222	
b.													
c.													
d.													
J. Additional Descriptions for Materials Listed Above CUTTING OIL - 18% WATER SOL. - 84% WATER - 61%						K. Handling Codes for Wastes Listed Above 06/c							
15. Special Handling Instructions and Additional Information GLOVES AND GOGGLES													
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.													
Printed/Typed Name R.J. Slatterbeck					Signature 					Date Month Day Year 1 0 10 4 18 5			
17. Transporter 1 Acknowledgement of Receipt of Materials										Date			
Printed/Typed Name					Signature					Month Day Year 1 0 10 4 18 5			
18. Transporter 2 Acknowledgement or Receipt of Materials										Date			
Printed/Typed Name					Signature					Month Day Year			
19. Discrepancy Indication Space Plant Engineering													
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. #60613-34,720 lbs										Date			
Printed/Typed Name Casmalia Resources Carol Johnston					Signature 					Month Day Year 10 07 85			

P O 8053-565270

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. C A D 0 0 8 3 2 5 3 3 4 0 0 3 3		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address ALLIED CORPORATION-Bendix Electrodynamics Division 11600 Sherman Way, N. Hollywood, CA 91605				A. State Manifest Document Number 84352643			
4. Generator's Phone (818) 765-1010				B. State Generator's ID CADO 0825334			
5. Transporter 1 Company Name DISPOSAL CONTROL SERVICE		6. US EPA ID Number C A T 0 8 0 0 3 4 1 8 4		C. State Transporter's ID 86348		D. Transporter's Phone (818) 824-3345	
7. Transporter 2 Company Name		8. US EPA ID Number		E. State Transporter's ID		F. Transporter's Phone	
9. Designated Facility Name and Site Address CASMALIA - RESOURCE MANAGEMENT NTU Road Casmalia, CA 93429				10. US EPA ID Number C A S 0 2 0 7 4 8 1 2 5		G. State Facility's ID CADO 020748125	
				H. Facility's Phone (805) 937-8449			
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)				12. Containers No. Type		13. Total Quantity	
a. WASTE CORROSIVE LIQUID NOS UN 1760 CORROSIVE MATER.				0 0 1 C T		0 5 0 0 0 G	
b.							
c.							
d.							
J. Additional Descriptions for Materials Listed Above CHRONIC ACID 200ppm PH - 6.2 WATER				K. Handling Codes for Wastes Listed Above 06/N (Acid)			
15. Special Handling Instructions and Additional Information goggles and gloves							
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.							
Printed/Typed Name R.J. Slatterbeck				Signature <i>[Signature]</i>		Date Month Day Year 0 9 13 0 8 5	
17. Transporter 1 Acknowledgement of Receipt of Materials				Signature <i>[Signature]</i>		Date Month Day Year 09 30 85	
18. Transporter 2 Acknowledgement or Receipt of Materials				Signature RECEIVED		Date Month Day Year	
19. Discrepancy Indication Space OCT 1 1985 Plant Engineering							
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19 #60056 - 32,580 lbs.							
Printed/Typed Name Casmalia Resource / Eden Bautista - Juan Bautista				Signature <i>[Signature]</i>		Date Month Day Year 09 30 85	

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address UNION CORPORATION - ELECTRONIC DIVISION 11600 SHELTON WAY N. HILLWOOD, CA 91405		CADD08325334		A. State Manifest Document Number 84179201	
4. Generator's Phone (918) 1765-1010		6. US EPA ID Number		B. State Generator's ID	
5. Transporter 1 Company Name DISTRESS CENTRAL SERVICE		C. State Transporter's ID		D. Transporter's Phone	
7. Transporter 2 Company Name		8. US EPA ID Number		E. State Transporter's ID	
9. Designated Facility Name and Site Address CASMAH RESOURCES MGT RITU ROAD CASMAH, CA		10. US EPA ID Number CADD20948125		F. Transporter's Phone	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers	13. Total Quantity	14. Unit	
a. WASTE PETROLEUM OIL 117.5 COMBUSTIBLE LIQUID UN1270		No.	Type		
b.					
c.					
d.					
Additional Descriptions for Materials Listed Above		Handling Codes for Wastes Listed Above			
15. Special Handling Instructions and Additional Information E-1105 - E-1106 E-7476					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.					
Printed/Typed Name J. LAWRENCE		Signature		Date	
J. LAWRENCE		[Signature]		Month Day Year 1985	
17. Transporter 1 Acknowledgement of Receipt of Materials					
Printed/Typed Name J. LAWRENCE		Signature		Date	
J. LAWRENCE		[Signature]		Month Day Year 1985	
18. Transporter 2 Acknowledgement or Receipt of Materials					
Printed/Typed Name		Signature		Date	
		SEP 2 1985		Month Day Year	
19. Discrepancy Indication Space Plant Engineering					
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.					
Printed/Typed Name		Signature		Date	
J. LAWRENCE		[Signature]		Month Day Year 1985	

(Generator to provide this copy to generator within 90 days)

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

E1-226

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. CAD0083253340002		Manifest Document No. 0002		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.							
3. Generator's Name and Mailing Address ALLIED CORPORATION-Bendix Electrodynamics Division 11600 Sherman Way, No. Hollywood, CA 91605						A. State Manifest Document Number 84352628									
4. Generator's Phone (818) 765-1010						B. State Generator's ID CAD0 08325334									
5. Transporter 1 Company Name HOYT TRANSPORTATION COMPANY						C. State Transporter's ID 62624									
6. US EPA ID Number CA X 000004110						D. Transporter's Phone (714) 734-4034									
7. Transporter 2 Company Name						E. State Transporter's ID									
8. US EPA ID Number						F. Transporter's Phone									
9. Designated Facility Name and Site Address EPC - EASTSIDE ROUND MOUNTAIN ROAD OILDALE, CA						G. State Facility's ID CAD0 30384267									
10. US EPA ID Number CA D 030384267						H. Facility's Phone (805) 327-9681									
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) a. HAZARDOUS WASTE SOLID NOS/ORM-E. NA 9189 b. c. d.						12. Containers		13. Total Quantity		14. Unit		15. Waste No.			
						No.		Type		Quantity		Wt/Vol		Waste No.	
						001		D T		00013		Y		611	
J. Additional Descriptions for Materials Listed Above 80-22600 Hydrocarbons XXXXXXXXXXXXXXXXXXXXXXXXXXXX						K. Handling Codes for Wastes Listed Above 03									
15. Special Handling Instructions and Additional Information FLASHPOINT GREATER THAN 185° F GLOVES AND SAFETY GLASSES															
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.															
Printed/Typed Name R.J. Slatterbeck						Signature <i>[Signature]</i>		Date Month Day Year 07/16/85							
17. Transporter 1 Acknowledgement of Receipt of Materials						Signature <i>[Signature]</i>		Date Month Day Year 07/16/85							
Printed/Typed Name Steve Holt						Signature <i>[Signature]</i>		Date Month Day Year 07/16/85							
18. Transporter 2 Acknowledgement or Receipt of Materials						Signature		Date Month Day Year							
Printed/Typed Name						Signature		Date Month Day Year							
19. Discrepancy Indication Space Estimated 184 in RECEIVED AUG 20 1985															
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.															
Printed/Typed Name Val Fitzmaurice						Signature <i>[Signature]</i>		Date Month Day Year 07/16/85							

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. C A D 0 0 8 3 2 5 3 3 4	Manifest Document No. 0 0 0 2 2	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address ALLIED CORPORATION-BENDIX ELECTRODYNAMICS DIVISION 11600 Sherman Way, No. Hollywood, CA 91605				A. State Manifest Document Number 84352629		
4. Generator's Phone (818) 765-1010		6. US EPA ID Number		B. State Generator's ID CADO 08325334		
5. Transporter 1 Company Name JOHN GARCIA TRUCKING		7. US EPA ID Number C A D 9 8 0 7 3 6 9 9 5		C. State Transporter's ID 55622		
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone (213) 585-8108		
9. Designated Facility Name and Site Address EPC - EASTSIDE ROUND MOUNTAIN ROAD OILDALE, CA		10. US EPA ID Number C A D 0 3 0 3 8 4 2 6 7		E. State Transporter's ID		
				F. Transporter's Phone		
				G. State Facility's ID CADO 30384267		
				H. Facility's Phone (805) 327-9681		
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)				12. Containers No.	13. Total Quantity	14. Unit Wt/Vol
a. HAZARDOUS WASTE SOLID NOS/ORM-E NA 9189				0 0 1	0 0 0 1 3	Y
b.						
c.						
d.						
J. Additional Descriptions for Materials Listed Above 80-22600 Hydrocarbons				K. Handling Codes for Wastes Listed Above 03		
15. Special Handling Instructions and Additional Information FLASHPOINT GREATER THAN 185° F GLOVES AND SAFETY GLASSES						
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.						
Printed/Typed Name R.J. Slatterbeck				Signature <i>[Signature]</i>		Date Month Day Year 0 7 / 1 6 / 8 5
17. Transporter 1 Acknowledgement of Receipt of Materials				Signature <i>[Signature]</i>		Date Month Day Year 0 7 / 1 6 / 8 5
18. Transporter 2 Acknowledgement or Receipt of Materials				Signature		Date Month Day Year
19. Discrepancy Indication Space Estimated 18 y in TRUCK AUG 20 1985 Plant Engineering				RECEIVED		
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.				Signature <i>[Signature]</i>		Date Month Day Year 0 7 / 1 6 / 8 5

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address ALLIED CORPORATION- Bendix Electrodynamics Division 11600 Sherman Way, No. Hollywood, CA 91605		1. Generator's US EPA ID No. C A D 0 0 8 3 2 5 3 3 4 0 0 0 2 1		A. State Manifest Document Number 84352630		
4. Generator's Phone (818) 765-1010		6. US EPA ID Number		B. State Generator's ID CADO 08325334		
5. Transporter 1 Company Name SUNDANCE TRUCKING CO		7. US EPA ID Number C A Y 0 0 0 0 9 4 0 5 2		C. State Transporter's ID 66938		
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone (213) 425-6625		
9. Designated Facility Name and Site Address EPC - EASTSIDE ROUND MOUNTAIN ROAD OILDALE, CA		10. US EPA ID Number I C A D 0 3 0 3 8 4 2 6 7		E. State Transporter's ID		
				F. Transporter's Phone		
				G. State Facility's ID CADO 30384267		
				H. Facility's Phone (805) 327-9681		
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers		13. Total Quantity	14. Unit Wt/Vol	15. Waste No.
a. HAZARDOUS WASTE SOLID NOS/ORM-E NA 9189		No. Type				
b.						
c.						
d.						
J. Additional Descriptions for Materials Listed Above 80-22600 Hydrocarbons		K. Handling Codes for Wastes Listed Above 03				
15. Special Handling Instructions and Additional Information FLASHPOINT GREATER THAN 185°F GLOVES AND SAFETY GLASSES						
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.						
Printed/Typed Name R.J. Slatterbeck		Signature		Date Month Day Year 6 7 1 6 8 5		
17. Transporter 1 Acknowledgement of Receipt of Materials		Signature		Date Month Day Year 6 7 1 6 8 5		
Printed/Typed Name KENNETH J. VAN WINKLE		Signature		Date Month Day Year 6 7 1 6 8 5		
18. Transporter 2 Acknowledgement or Receipt of Materials		Signature		Date Month Day Year AUG 20 1985		
Printed/Typed Name		Signature		Date Month Day Year		
19. Discrepancy Indication Space Estimated 184 in Tank Plant Engineering						
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.						
Printed/Typed Name VAL FITZMAURICE		Signature		Date Month Day Year 8 11 1 6 8 5		

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. C A D 0 0 8 3 2 5 3 3 4 1 0 0 0 2 4		Manifest Document No. 24		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.					
3. Generator's Name and Mailing Address ALLIED CORPORATION- Bendix Electrodynamics Division 11600 Sherman Way, No. Hollywood, CA 91605						A. State Manifest Document Number 84352631							
4. Generator's Phone (818) 765-1010						B. State Generator's ID CADO 08325334							
5. Transporter 1 Company Name J. CAL TRANS						C. State Transporter's ID 62621							
6. US EPA ID Number C A D 9 8 0 8 1 4 8 8 3						D. Transporter's Phone (213) 920-7709							
7. Transporter 2 Company Name						E. State Transporter's ID							
8. US EPA ID Number						F. Transporter's Phone							
9. Designated Facility Name and Site Address EPC - EASTSIDE ROUND MOUNTAIN ROAD OILDALE, CA						G. State Facility's ID CADO 30384267							
10. US EPA ID Number C A D 0 3 0 3 8 4 2 6 7						H. Facility's Phone (805) 327-9681							
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers		13. Total Quantity		14. Unit Wt/Vol		15. Waste No.	
a. HAZARDOUS WASTE SOLID NOS/ORM-E NA/9189						No. Type		Quantity		Unit Wt/Vol		Waste No.	
b.						0 0 1 D T		0 0 0 1 3		Y		611	
c.													
d.													
J. Additional Descriptions for Materials Listed Above 80-22500 Hydrocarbons						K. Handling Codes for Wastes Listed Above 03							
15. Special Handling Instructions and Additional Information FLASHPOINT GREATER THAN 185° F GLOVES AND SAFETY GLASSES													
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.													
Printed/Typed Name R.J. SLATTERBECK					Signature <i>[Signature]</i>			Date Month Day Year 07/16/85					
17. Transporter 1 Acknowledgement of Receipt of Materials					Signature <i>[Signature]</i>			Date Month Day Year 07/16/85					
Printed/Typed Name John L. Williams					Signature <i>[Signature]</i>			Date Month Day Year 07/16/85					
18. Transporter 2 Acknowledgement of Receipt of Materials					Signature <i>[Signature]</i>			Date Month Day Year 07/16/85					
Printed/Typed Name					Signature			Date Month Day Year 07/16/85					
19. Discrepancy Indication Space <i>Estimated 184</i>					AUG 20 1985 Plant Engineering								
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.													
Printed/Typed Name VAL F. S. S. S. S. S.					Signature <i>[Signature]</i>			Date Month Day Year 07/16/85					

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

E1 026

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address ALLIED CORPORATION- Bendix Electrodynamics Division 11600 Sherman Way, No. Hollywood, CA 91605		C A D 0 0 8 3 2 5 3 3 4 0 0 0 2 6		A. State Manifest Document Number 84352832		
4. Generator's Phone (916) 765-1010		6. US EPA ID Number		B. State Generator's ID		
5. Transporter 1 Company Name L & T TRUCKING		C. State Transporter's ID C A D 0 0 8 3 2 5 3 3 4		D. Transporter's Phone (714) 539-4113		
7. Transporter 2 Company Name		8. US EPA ID Number		E. State Transporter's ID		
9. Designated Facility Name and Site Address EPC - EASTSIDE ROUND MOUNTAIN ROAD OILDALE, CA		10. US EPA ID Number I C A X 0 0 0 0 9 3 9 9 7		F. Transporter's Phone		
				G. State Facility's ID C A D 0 3 0 3 8 4 2 6 7		
				H. Facility's Phone (905) 327-9681		
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers		13. Total Quantity	14. Unit Wt/Vol	15. Waste No.
a. HAZARDOUS WASTE SOLID NOS/ORM-E		No. Type				
b. NA 9189		0 0 1 D T 0 0 0 1 3 Y				611
c.						
d.						
J. Additional Descriptions for Materials Listed Above 80-22600 Hydrocarbons		K. Handling Codes for Wastes Listed Above 03				
15. Special Handling Instructions and Additional Information FLASHPOINT GREATER THAN 185° F GLOVES AND SAFETY GLASSES						
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.						
Printed/Typed Name R.J. Slatterbeck		Signature		Date Month Day Year 10 7 1 6 8 5		
17. Transporter 1 Acknowledgement of Receipt of Materials		Signature		Date		
Printed/Typed Name LEE WALLBERG		Signature		Month Day Year		
18. Transporter 2 Acknowledgement or Receipt of Materials		Signature		Date		
Printed/Typed Name		Signature		Month Day Year		
19. Discrepancy Indication Space Estimated 185 AUG 20 1985						
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.						
Printed/Typed Name V. J. F. ...		Signature		Date Month Day Year 07 11 85		

Please print or type (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. C A D 0 0 8 3 2 5 3 3 4 0 0 0 2 6		Manifest Document No. 400026		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.					
3. Generator's Name and Mailing Address ALLIED CORPORATION-Bendix Electrodynamics Division 11600 Sherman Way, No. Hollywood, CA 91605						A. State Manifest Document Number 84352633							
4. Generator's Phone (818) 765-1010						B. State Generator's ID CADO 08325334							
5. Transporter 1 Company Name GEORGE PAJON						C. State Transporter's ID 55863							
6. US EPA ID Number C A D 9 8 0 8 1 4 6 8 5						D. Transporter's Phone (213) 869-1419							
7. Transporter 2 Company Name						E. State Transporter's ID							
8. US EPA ID Number						F. Transporter's Phone							
9. Designated Facility Name and Site Address EPC - EASTSIDE ROUND MOUNTAIN ROAD OILDALE, CA						G. State Facility's ID CADO 30384267							
10. US EPA ID Number C A D 0 3 0 3 8 4 2 6 7						H. Facility's Phone (805) 327-9681							
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers		13. Total Quantity		14. Unit Wt/Vol		15. Waste No.	
a. HAZARDOUS WASTE SOLID NOS/ORM-E NA 9189						0 0 1 D T		0 0 0 1 3		Y		611	
b.													
c.													
d.													
J. Additional Descriptions for Materials Listed Above 80-12600 Hydrocarbons						K. Handling Codes for Wastes Listed Above 03							
15. Special Handling Instructions and Additional Information FLASHPOINT GREATER THAN 185° F Gloves and safety glasses													
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.													
Printed/Typed Name R.J. Slatterbeck						Signature						Date Month Day Year 10 7 1 6 18 5	
17. Transporter 1 Acknowledgement of Receipt of Materials													
Printed/Typed Name						Signature						Date Month Day Year 7 1 1 8	
18. Transporter 2 Acknowledgement or Receipt of Materials													
Printed/Typed Name						Signature						Date Month Day Year 7 1 1 8	
19. Discrepancy Indication Space AUG 20 1985 Plant Engineering													
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.													
Printed/Typed Name Jeff A. Mayo						Signature Jeff A Mayo						Date Month Day Year 10 7 1 8	

E-1026

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address ALLIED CORPORATION-Bendix Electrodynamics Division 11600 Sherman Way, No. Hollywood, CA 91605		C A D 0 0 8 3 2 5 3 3 4 0 0 0 2 7		A. State Manifest Document Number 84352634		
4. Generator's Phone (818) 765-1010		6. US EPA ID Number		B. State Generator's ID CADO 08325334		
5. Transporter 1 Company Name J- CAL TRANSPORTATION		8. US EPA ID Number C A D 0 0 8 0 2 1 4 9 2 3		C. State Transporter's ID 62622		
7. Transporter 2 Company Name		10. US EPA ID Number		D. Transporter's Phone (213) 920-7709		
9. Designated Facility Name and Site Address EPC - EASTSIDE ROUND MOUNTAIN ROAD OILDALE, CA		12. Containers No. Type		E. State Transporter's ID		
		13. Total Quantity		F. Transporter's Phone		
		14. Unit Mt/Vol		G. State Facility's ID CADO 30384267		
		15. Waste No.		H. Facility's Phone (805) 327-9681		
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) HAZARDOUS WASTE SOLID NOS/ORM-E NA 9189		0.0.1 D.T		0.0.0.1.3		Y 611
J. Additional Descriptions for Materials Listed Above 22500 Hydrocarbons		K. Handling Codes for Wastes Listed Above 03				
15. Special Handling Instructions and Additional Information FLASHPOINT GREATER THAN 185° F GLOVES AND SAFETY GLASSES						
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.						
Printed/Typed Name R.J. Slatterbeck		Signature <i>[Signature]</i>		Date Month Day Year 07/16/85		
17. Transporter 1 Acknowledgement of Receipt of Materials		Signature <i>[Signature]</i>		Date Month Day Year 07/16/85		
18. Transporter 2 Acknowledgement or Receipt of Materials		Signature <i>[Signature]</i>		Date Month Day Year 07/16/85		
19. Discrepancy Indication Space Estimated 18y in Truck AUG 20 1985 Plant Engineering						
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.						
Printed/Typed Name VINI Fitch		Signature <i>[Signature]</i>		Date Month Day Year 07/16/85		

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address ALLIED CORPORATION - Bendix Electrodynamics Division 11600 Sherman Way, No. Hollywood, CA 91605		C A D 0 0 8 3 2 5 3 3 4 0 0 0 2 8		A. State Manifest Document Number 84352635		
4. Generator's Phone (818) 765-1010		6. US EPA ID Number		B. State Generator's ID CADO 0825334		
5. Transporter 1 Company Name McCANTS TRUCKING		7. US EPA ID Number C A D 0 4 8 6 0 4 0 2 9		C. State Transporter's ID 65112		
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone (213) 770-4331		
9. Designated Facility Name and Site Address EOC - EASTSIDE ROUND MOUNTAIN ROAD OILDALE, CA		10. US EPA ID Number C A D 0 3 0 3 8 4 2 6 7		E. State Transporter's ID		
				F. Transporter's Phone		
				G. State Facility's ID CADO 30384267		
				H. Facility's Phone CA 818 338 4267 (805) 327-9681		
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers	13. Total Quantity	14. Unit	15. Waste No.	
a. HAZARDOUS WASTE SOLID NOS/ORM-E NA 9189		No. Type	0 0 1 D T	0 0 0 1 3 Y	611	
b.						
c.						
d.						
J. Additional Descriptions for Materials Listed Above 80- 22600 Hydrocarbons		K. Handling Codes for Wastes Listed Above 03				
15. Special Handling Instructions and Additional Information FLASHPOINT GREATER THAN 185° F Gloves and safety glasses						
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.						
Printed/Typed Name R.J. Slatterbeck		Signature <i>[Signature]</i>		Date Month Day Year 7 7 6 8 5		
17. Transporter 1 Acknowledgement of Receipt of Materials		Signature <i>[Signature]</i>		Date Month Day Year		
Printed/Typed Name <i>[Name]</i>		Signature <i>[Signature]</i>		Date Month Day Year		
18. Transporter 2 Acknowledgement or Receipt of Materials		Signature		Date		
Printed/Typed Name		Signature		Date Month Day Year		
19. Discrepancy Indication Space <i>Estimated 184</i>		AUG 20 1985 Plant Engineering				
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.						
Printed/Typed Name <i>[Name]</i>		Signature <i>[Signature]</i>		Date Month Day Year 7 7 6 8 5		

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address		ALLIED CORPORATION-Bendix Electrodynamics Division 11600 Sherman Way, N. Hollywood, CA 91605		A. State Manifest Document Number 84352536		
4. Generator's Phone (818) 765-1010		6. US EPA ID Number		B. State Generator's ID CADO 0825334		
5. Transporter 1 Company Name		7. Transporter 2 Company Name		C. State Transporter's ID D. Transporter's Phone 66963		
G.T. EQUIPMENT		I.C.A.D.O. 0825334		E. State Transporter's ID (818) 241-5792		
9. Designated Facility Name and Site Address		10. US EPA ID Number		F. Transporter's Phone		
EPC - EASTSIDE ROUND MOUNTAIN ROAD OILDALE, CA		I.C.A.D.O. 30384267		G. State Facility's ID H. Facility's Phone (805) 327-9581		
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers		13. Total Quantity		14. Unit
a. HAZARDOUS WASTE SOLID NOS/ ORM-E NA 9189		No. Type		Quantity		Wt/Vol
b.		0 0 1 D T		0 0 0 1 3		Y
c.						
d.						
J. Additional Descriptions for Materials Listed Above		K. Handling Codes for Wastes Listed Above				
80- 22600 Hydrocarbons		03				
15. Special Handling Instructions and Additional Information						
FLASHPOINT GREATER THAN 185° F						
GLOVES AND SAFETY GLASSES						
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.						
Printed/Typed Name		Signature		Date		
R.J. Slatterbeck		[Signature]		Month Day Year 0 7 1 9 8 5		
17. Transporter 1 Acknowledgement of Receipt of Materials		Signature		Date		
Printed/Typed Name		Signature		Month Day Year		
18. Transporter 2 Acknowledgement or Receipt of Materials		Signature		Date		
Printed/Typed Name		Signature		Month Day Year		
19. Discrepancy Indication Space		RECEIVED AUG 20 1985 plant Engineering				
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.						
Printed/Typed Name		Signature		Date		
[Signature]		[Signature]		Month Day Year		

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. C A D 0 0 8 3 2 5 3 3 4 0 0 0 1 9	Manifest Document No.	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address ALLIED CORPORATION - Bendix Electrodynamics Division 11600 Sherman Way, N. Hollywood, CA 91605		6. US EPA ID Number C A D 0 0 8 3 2 5 3 3 4		A. State Manifest Document Number 34352626	
4. Generator's Phone (818) 765-1010		7. Transporter 1 Company Name DISPOSAL CONTROL SERVICE, INC		B. State Generator's ID C A D 0 0 8 3 2 5 3 3 4	
5. Transporter 1 Company Name DISPOSAL CONTROL SERVICE, INC		8. US EPA ID Number C A T 0 8 0 0 3 4 1 8 4		C. State Transporter's ID 54999	
7. Transporter 2 Company Name		9. Designated Facility Name and Site Address CASMALIA-RESOURCE MANAGEMENT NTU Road Casmalia, CA 93429		D. Transporter's Phone (800) 824-3345	
9. Designated Facility Name and Site Address CASMALIA-RESOURCE MANAGEMENT NTU Road Casmalia, CA 93429		10. US EPA ID Number C A S 0 2 0 7 4 8 1 2 5		E. State Transporter's ID F. Transporter's Phone G. State Facility's ID H. Facility's Phone 805-937-8440	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers		13. Total Quantity	
a. WASTE CORROSIVE SOLID, NOS CORROSIVE MATERIAL UN 1759		No. Type		Unit Wt/Vol	
b. WASTE CORROSIVE SOLID, NOS CORROSIVE MATERIAL UN 1759		002 DF		Y	
c. HAZARDOUS WASTE SOLID N O S/ORM-E, NA 9189		021 DF		Y	
d.		006 DF		Y	
J. Additional Descriptions for Materials Listed Above (a) Acid/Muriatic 37%, solidified in vermiculite PH OF 2 (b) Alkaline 12%, solidified in vermiculite PH OF 13 (c) ORM-E 1%, solidified in vermiculite BLUE DYE		K. Handling Codes for Wastes Listed Above 03			
15. Special Handling Instructions and Additional Information Gloves and goggles and protective clothing					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.					
Printed/Typed Name R. J. Slatterbeck		Signature <i>R. J. Slatterbeck</i>		Date Month Day Year 10 6 1985	
17. Transporter 1 Acknowledgement of Receipt of Materials		Signature <i>Joseph R. Tapia</i>		Date Month Day Year 10 6 1985	
18. Transporter 2 Acknowledgement or Receipt of Materials		Signature <i>R. J. Slatterbeck</i>		Date Month Day Year 10 6 1985	
19. Discrepancy Indication Space JUL 22 1985 Plant Engineering					
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.					
Printed/Typed Name <i>Charles R. Smith</i>		Signature <i>Charles R. Smith</i>		Date Month Day Year 7 2 85	

8067-558943

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UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. C A D 0 0 8 3 2 5 3 3 4	Manifest Document No. 0 0 0 1 4	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address ALLIED CORPORATION-Bendix Electrodynamics Division 11600 Sherman Way, No. Hollywood, CA 91605			A. State Manifest Document Number 84352625		
4. Generator's Phone (818) 765-1010			B. State Generator's ID CAD008325334		
5. Transporter 1 Company Name McCants Trucking Co.		6. US EPA ID Number C A D 0 4 8 6 0 4 0 2 9		C. State Transporter's ID 56999	
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone (213) 638-2584	
9. Designated Facility Name and Site Address CASMALIA-RESOURCE MANAGEMENT CLASS I NTU Road Casmalia, CA 93429		10. US EPA ID Number C A S 0 2 0 7 4 8 1 2 5		E. State Facility's ID CAS020748125	
				F. Facility's Phone (805) 937-8449	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)			12. Containers No. Type	13. Total Quantity	14. Unit M/Vol
a. HAZARDOUS WASTE SOLID NOS/ORM-E NA9189			0 0 1 D T	0 0 0 1 3	Y
b.					
c.					
d.					
J. Additional Descriptions for Materials Listed Above 50-70 PPM Hydrocarbon 5 80-224-45			K. Handling Codes for Wastes Listed Above 03		
15. Special Handling Instructions and Additional Information GLOVES AND SAFETY GLASSES					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.					
Printed/Typed Name R.J. SLATTERBECK			Signature <i>[Signature]</i>		Date Month Day Year 0 4 2 9 8 4
17. Transporter 1 Acknowledgement of Receipt of Materials			Signature <i>[Signature]</i>		Date Month Day Year 0 4 2 9 8 4
Printed/Typed Name TOMMY CONNOR			Signature <i>[Signature]</i>		Date Month Day Year 0 4 2 9 8 4
18. Transporter 2 Acknowledgement or Receipt of Materials			Signature <i>[Signature]</i>		Date Month Day Year 0 4 2 9 8 5
Printed/Typed Name			Signature		Date
19. Discrepancy Indication Space Plant Eng. Reading					
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. 46982-27640 lbs.					
Printed/Typed Name Casmalia Resources			Signature <i>[Signature]</i>		Date Month Day Year 0 4 2 9 8 5

8067 - 558943

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GENERATOR COPY

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. CAD0083233400012		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address ALLIED CORPORATION-Bendix Electrodynamics Division 11600 Sherman Way, No. Hollywood, CA 91605				A. State Manifest Document Number 84352520			
4. Generator's Phone (818) 765-1010		6. US EPA ID Number		B. State Generator's ID CAD00832334		C. State Transporter's ID	
5. Transporter 1 Company Name RANGE EQUIPMENT RENTAL		7. Transporter 2 Company Name		D. Transporter's Phone 876-25022		E. State Transporter's ID 2137634-4728	
8. US EPA ID Number		F. Transporter's Phone		G. State Facility's ID CAS020748125		H. Facility's Phone (805) 937-8449	
9. Designated Facility Name and Site Address CASMALIA - CLASS I RESOURCE MANAGEMENT NTU ROAD Casmalia, CA 93429				10. US EPA ID Number ICAS020748125			
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)				12. Containers		13. Total Quantity	
a. HAZARDOUS WASTE SOLID NOS/ORM-E NA9189				No. 001 Type DT		14. Unit Wt/Vol 00013 Y	
b.							
c.							
d.							
J. Additional Descriptions for Materials Listed Above 50-70 PPM Hydrocarbon				K. Handling Codes for Wastes Listed Above 03			
15. Special Handling Instructions and Additional Information GLOVES AND SAFETY GLASSES							
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.							
Printed/Typed Name R.J. SLATTERBECK				Signature <i>[Signature]</i>		Date Month Day Year 04/29/85	
17. Transporter 1 Acknowledgement of Receipt of Materials				Signature		Date Month Day Year 04/29/85	
Printed/Typed Name <i>[Signature]</i>							
18. Transporter 2 Acknowledgement or Receipt of Materials				Signature RECEIVED		Date Month Day Year 04/29/85	
Printed/Typed Name							
19. Discrepancy Indication Space Plant Engineering							
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. #46965-30,060 lbs.							
Printed/Typed Name Casmalia Resources Alice Griest				Signature <i>[Signature]</i>		Date Month Day Year 04/29/85	

8067-858997

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UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. C A D O O 8 3 2 5 3 3 4	Manifest Document No. 0 0 0 1 3	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address ALLIED CORPORATION - BENDIX ELECTRODYNAMICS DIVISION 11600 Sherman Way, N. Hollywood, CA 91605				A. State Manifest Document Number 84352619	
4. Generator's Phone (818) 765-1010				B. State Generator's ID CADO 08325334	
5. Transporter 1 Company Name DISPOSAL CONTROL SERVICE, INC				C. State Transporter's ID 54778	
6. US EPA ID Number I C A T O 8 0 0 3 4 1 8 4				D. Transporter's Phone (800) 824-3345	
7. Transporter 2 Company Name				E. State Transporter's ID	
8. US EPA ID Number				F. Transporter's Phone	
9. Designated Facility Name and Site Address CASMALIA-RESOURCE MANAGEMENT NTU Road Casmalia, CA 93429				G. State Facility's ID CAD 020748125	
10. US EPA ID Number I C A 9 0 2 0 7 4 8 1 2 5				H. Facility's Phone	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)			12. Containers	13. Total Quantity	14. Unit M/Vol
a. WASTE CORROSIVE SOLID, NOS CORROSIVE MATERIAL UN1759			No. 0 04	Type DM	0 0 0 0 1 Y
b.					
c.					
d.					
J. Additional Descriptions for Materials Listed Above (a) DRUMS 1-3 HYDROCHLORIC ACID 27% SOLIDIFIED IN VERMICULITE (DRUMS 4 CHROMIC ACID 27% , NITRIC ACID 2% SOLIDIFIED IN VERMICULITE				K. Handling Codes for Wastes Listed Above 03	
15. Special Handling Instructions and Additional Information GLOVES & GOGGLES & PROTECTIVE CLOTHING					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.					
Printed/Typed Name R.S. SLATTERBECK			Signature <i>[Signature]</i>		Date Month Day Year 0 4 2 9 8 4
17. Transporter 1 Acknowledgement of Receipt of Materials					
Printed/Typed Name MIKE MC MANAMA			Signature <i>[Signature]</i>		Date Month Day Year 0 4 2 9 8 4
18. Transporter 2 Acknowledgement or Receipt of Materials					
Printed/Typed Name			Signature RECEIVED		Date Month Day Year
19. Discrepancy Indication Space MAY 30 1985 Plant Engineering					
20. Facility Owner or Generator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. # 41519					
Printed/Typed Name CASMALIA RESOURCES - ECLAN			Signature Bautista Eden		Date Month Day Year 05 03 85

8067-558 904

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UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. C A D 0 0 8 3 2 5 3 3 4 0 0 0 0		Manifest Document No. of		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.						
3. Generator's Name and Mailing Address BENDIX CORP. ELECTRODYNAMICS DIVISION 11600 Sherman Way, N. Hollywood, CA 91605						A. State Manifest Document Number 84352615								
4. Generator's Phone (818) 7650-1010						B. State Generator's ID CADO 08325334								
5. Transporter 1 Company Name DISPOSAL CONTROL SERVICE, INC						C. State Transporter's ID 54990								
6. US EPA ID Number C A T 0 8 0 0 3 4 1 8 4						D. Transporter's Phone (800) 824-3345								
7. Transporter 2 Company Name						E. State Transporter's ID								
8. US EPA ID Number Generator						F. Transporter's Phone								
9. Designated Facility Name and Site Address CASMALIA - RESOURCE MANAGEMENT NTU Road Casmalia, CA 93429						G. State Facility's ID C A D 0 2 0 7 4 8 1 2 5								
10. US EPA ID Number C A 90 2 0 7 4 8 1 2 5						H. Facility's Phone 805-937-848								
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers		13. Total Quantity		14. Unit Wt/Vol		15. Waste No.		
a. WASTE CORROSIVE SOLID, NOS CORROSIVE MATERIAL UN 1759						No. Type								
						0 1 2 D M 0 0 0 3		Y				181		
b.														
c.														
d.														
J. Additional Descriptions for Materials Listed Above (a) Drums 1-10 Hydrochloric Acid 30%, solidified in vermiculite Drums 11,12 Nitric Acid 25%, solidified in vermiculite						K. Handling Codes for Wastes Listed Above 03								
15. Special Handling Instructions and Additional Information Gloves and goggles & protective clothing														
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.														
Printed/Typed Name R.J. SLATTERBECK					Signature <i>[Signature]</i>					Date Month Day Year 6 4 1 6 1 8 5				
17. Transporter 1 Acknowledgement of Receipt of Materials					Signature <i>[Signature]</i>					Date Month Day Year 6 4 1 6 1 8 5				
Printed/Typed Name James M. Chambers					Signature <i>[Signature]</i>					Date Month Day Year 6 4 1 6 1 8 5				
18. Transporter 2 Acknowledgement or Receipt of Materials					Signature <i>[Signature]</i>					Date Month Day Year 6 4 1 6 1 8 5				
Printed/Typed Name					Signature					Date				
19. Discrepancy Indication Space Plant Engineering														
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. #46331														
Printed/Typed Name CASMALIA RESOURCES - Edou					Signature <i>[Signature]</i>					Date Month Day Year 0 4 1 9 8 5				

8067-557683

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UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. C.A.D. 0832533400006	Manifest Document No. 400006	2. Page 1 of	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address BENDIX CORP. ELECTRODYNAMICS DIVISION 11600 Sherman Way, N. Hollywood, Ca 91605		6. US EPA ID Number C.A.T. 080034184		A. State Manifest Document Number 84352613	
4. Generator's Phone (818) 765-1010		8. US EPA ID Number		B. State Generator's ID CAD008325334	
5. Transporter 1 Company Name DISPOSAL CONTROL SERVICE, INC.		10. US EPA ID Number C.A.S. 020748125		C. State Transporter's ID 56112	
7. Transporter 2 Company Name		12. Containers		D. Transporter's Phone (800) 824-3345	
9. Designated Facility Name and Site Address Casmalia NTU Road Casmalia, CA 93429		13. Total Quantity		E. State Transporter's ID	
		14. Unit Wt/Vol		F. Transporter's Phone	
		15. Special Handling Instructions and Additional Information		G. State Facility's ID CAS020748125 / CAD020748125	
		16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.		H. Facility's Phone (800) 937-8449	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers		13. Total Quantity	
a. WASTE SODIUM CYANIDE SOLUTION UN 1689		No. Type		14. Unit Wt/Vol	
b.		001 CM 00400		g 131	
c.					
d.					
J. Additional Descriptions for Materials Listed Above Potassium cyanide, sodium cyanide, copper cyanide solutions contaminated with cadmium and copper 8%. A-1 Water 92% A-2		K. Handling Codes for Wastes Listed Above 99			
15. Special Handling Instructions and Additional Information Gloves and respirator and goggles EX 3-6245					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.					
Printed/Typed Name R.J. SLATTERBECK		Signature <i>R. J. Slatterbeck</i>		Date Month Day Year 10 31 2018	
17. Transporter 1 Acknowledgement of Receipt of Materials		Signature <i>Julio Ochoa</i>		Date Month Day Year 11 30 2018	
Printed/Typed Name Julio Ochoa		Signature <i>Julio Ochoa</i>		Date Month Day Year 11 30 2018	
18. Transporter 2 Acknowledgement or Receipt of Materials		Signature		Date	
Printed/Typed Name		Signature		Date	
19. Discrepancy Indication Space					
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in					
Item 19 #43720-31720 lbs.		Signature <i>Eden Baylister</i>		Date Month Day Year 11 30 2018	
Printed/Typed Name CASMALIA RESOURCES		Signature		Date	

1986 MANIFESTS

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address ALLIED CORPORATION - Bendix Electrodynamics Division 11600 Sherman Way, N. Hollywood, CA 91605		C A D 0 0 8 3 2 5 3 3 4 0 0 0 1 5		A. State Manifest Document Number 84352700		
4. Generator's Phone (818) 765-1010		6. US EPA ID Number		B. State Generator's ID CADO 08325334		
5. Transporter 1 Company Name OIL & SOLVENT PROCESS CO		C. State Transporter's ID C A D 0 0 8 3 0 2 9 0 3		D. Transporter's Phone (818) 334-5117		
7. Transporter 2 Company Name		8. US EPA ID Number		E. State Transporter's ID		
9. Designated Facility Name and Site Address OIL AND SOLVENT PROCESS CO 1704 First St. Azusa, CA 91702		10. US EPA ID Number C A D 0 0 8 3 0 2 9 0 3		F. Transporter's Phone		
				G. State Facility's ID CADO 08302903		
				H. Facility's Phone (818) 334-5117		
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	15. Waste No.
a. WASTE FLAMMABLE LIQUID NOS, UN 1993		0 0 2	D M	0 0 1 0 0	G	214
b. WASTE III TRICHLOROETHANE, ORM-A, UN 2831		0 0 6	D M	0 0 3 0 0	G	211
c.						
d.						
J. Additional Descriptions for Materials Listed Above a. Kerosene 60% & Oil 40% b. Trl - 85%, Oil & Grease 15%		K. Handling Codes for Wastes Listed Above A - 01 B - 01				
15. Special Handling Instructions and Additional Information GLOVES AND GOGGLES						
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.						
Printed/Typed Name R. SLATTERBECK		Signature <i>[Signature]</i>		Date Month Day Year 10 6 1 1 8 6		
17. Transporter 1 Acknowledgement of Receipt of Materials		Printed/Typed Name ED GUERRERO		Signature <i>[Signature]</i>		Date Month Day Year 6 1 1 8 6
18. Transporter 2 Acknowledgement or Receipt of Materials		Printed/Typed Name		Signature		Date Month Day Year
19. Discrepancy Indication Space						
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.						
Printed/Typed Name William R Walter		Signature <i>[Signature]</i>		Date Month Day Year 10 6 1 1 8 6		

8053-652618

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address		ALLIED CORPORATION-Bendix Electrodynamics Division 11600 Sherman Way, N. Hollywood, CA 91605		A. State Manifest Document Number 84352696	
4. Generator's Phone (818) 765-1010		6. US EPA ID Number C A D 0 0 8 3 2 5 3 3 4 0 0 0 1 3		B. State Generator's ID C A D 0 0 8 3 2 5 3 3 4	
5. Transporter 1 Company Name		7. Transporter 1 US EPA ID Number OIL & SOLVENT PROCESS CO. I C A D 0 0 0 8 3 0 2 9 0 3		C. State Transporter's ID 6 2 5 8 3	
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone (818) 334-5117	
9. Designated Facility Name and Site Address		10. US EPA ID Number		E. State Transporter's ID	
OIL & SOLVENT PROCESS CO 1704 First St. Azusa, CA 91702		I C A D 0 0 0 8 3 0 2 9 0 3		F. Transporter's Phone	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers		13. Total Quantity	
a. HAZARDOUS WASTE LIQUID ^{NOS} ORM-E, NA 9189		No. Type		14. Unit Wt/Vol	
		0 0 9 D M 0 0 4 5 0 C		221	
b.					
c.					
d.					
J. Additional Descriptions for Materials Listed Above		K. Handling Codes for Wastes Listed Above			
Skydrol oil 60% Water 40%		99			
15. Special Handling Instructions and Additional Information					
GLOVES AND GOGGLES JUN 4 1986 Plant Engineering 5016					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.					
Printed/Typed Name		Signature		Date	
R. J. SLATTERBECK		<i>[Signature]</i>		Month Day Year 0 4 2 3 8 6	
17. Transporter 1 Acknowledgement of Receipt of Materials		Signature		Date	
Printed/Typed Name ED. GUERRERO		<i>[Signature]</i>		Month Day Year 4 2 3 8 6	
18. Transporter 2 Acknowledgement or Receipt of Materials		Signature		Date	
Printed/Typed Name		Signature		Month Day Year	
19. Discrepancy Indication Space					
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.					
Printed/Typed Name		Signature		Date	
William R. Walters		<i>[Signature]</i>		Month Day Year 0 4 2 3 8 6	

8053-652562

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. C A D 0 0 8 3 2 5 3 3 4 0 0 0 1 1		Manifest Document No. of 1		2. Page 1 Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address ALLIED CORPORATION - Bendix Electrodynamics Division 11600 Sherman Way, N. Hollywood, CA 91605				A. State Manifest Document Number 84352634			
4. Generator's Phone (818) 765-1010				B. State Generator's ID CAD008325334			
5. Transporter 1 Company Name OIL & SOLVENT PROCESS CO.		6. US EPA ID Number IC A D 0 0 8 3 0 2 9 0 3		C. State Transporter's ID 63587		D. Transporter's Phone (818) 334-5117	
7. Transporter 2 Company Name		8. US EPA ID Number		E. State Transporter's ID		F. Transporter's Phone	
9. Designated Facility Name and Site Address OIL & SOLVENT PROCESS CO 1704 First St. Azusa, CA 91702		10. US EPA ID Number IC A D 0 0 8 3 0 2 9 0 3		G. State Facility's ID CADO 08302903		H. Facility's Phone (818) 334-5117	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)				12. Containers		13. Total Quantity	
				No. Type		Unit Wt/Vol	
				a.		Waste No.	
				b.			
				c.			
d.							
J. Additional Descriptions for Materials Listed Above Dr. 1 & 2 - paints 60% various thinners 40% Dr. 3 & 4 - oil 70% heptane 30% Dr. 5 & 6 - Xerosene 70% oil 30%				K. Handling Codes for Wastes Listed Above 99			
15. Special Handling Instructions and Additional Information GLOVES AND GOGGLES MAY 20 1986 Plant Engineering BL 5199							
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.							
Printed/Typed Name R. J. SLATTERBECK				Signature <i>[Signature]</i>		Date Month Day Year 4 17 86	
17. Transporter 1 Acknowledgement of Receipt of Materials				Signature <i>[Signature]</i>		Date Month Day Year 4 17 86	
Printed/Typed Name DAVID H. SAUCE				Signature <i>[Signature]</i>		Date Month Day Year 4 17 86	
18. Transporter 2 Acknowledgement of Receipt of Materials				Signature		Date	
Printed/Typed Name				Signature		Date	
19. Discrepancy Indication Space							
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.							
Printed/Typed Name William R. Watts				Signature <i>[Signature]</i>		Date Month Day Year 10/17/86	

8053-652562

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. C A D 0 0 8 3 2 5 3 3 4		Manifest Document No. 0 0 0 1 0		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.			
3. Generator's Name and Mailing Address ALLIED CORPORATION-Bendix Electrodynamics Division 11600 Sherman Way, N. Hollywood, CA 91605						A. State Manifest Document Number 84352693					
4. Generator's Phone (818) 765-1010						B. State Generator's ID CADO 08325334					
5. Transporter 1 Company Name OIL & SOLVENT PROCESS CO.						C. State Transporter's ID 63587					
6. US EPA ID Number C A D 0 0 8 3 0 2 9 0 3						D. Transporter's Phone (818) 334-5117					
7. Transporter 2 Company Name						E. State Transporter's ID					
8. US EPA ID Number						F. Transporter's Phone					
9. Designated Facility Name and Site Address OIL & SOLVENT PROCESS CO. 1704 First St. Azusa, CA 91702						G. State Facility's ID CADO 08302903					
10. US EPA ID Number C A D 0 0 8 3 0 2 9 0 3						H. Facility's Phone (818) 334-5117					
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers		13. Total Quantity		14. Unit Wt/Vol	
a. WASTE HAZARDOUS LIQUID N.O.S. ORM-F NA 9189						No. Type 0 0 2 D M		0 0 1 0 0		G	
b.											
c.											
d.											
J. Additional Descriptions for Materials Listed Above Freon - 90% Flux - 10%						K. Handling Codes for Wastes Listed Above 01					
15. Special Handling Instructions and Additional Information GLOVES AND GOGGLES JUN 4 1986 Plant Engineering BL 5200											
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.											
Printed/Typed Name R.J. SLATTERBECK						Signature <i>R.J. Slatterbeck</i>		Date Month Day Year 6 4 1 7 8 6			
17. Transporter 1 Acknowledgement of Receipt of Materials						Signature <i>David H. Saulen</i>		Date Month Day Year 4 1 7 8 6			
Printed/Typed Name DAVID H SAULEN						Signature <i>David H. Saulen</i>		Date Month Day Year 4 1 7 8 6			
18. Transporter 2 Acknowledgement or Receipt of Materials						Signature		Date Month Day Year			
Printed/Typed Name						Signature		Date Month Day Year			
19. Discrepancy Indication Space											
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.											
Printed/Typed Name William R. Walters						Signature <i>William R. Walters</i>		Date Month Day Year			

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UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. C A 0 0 0 8 3 2 5 3 3 4	Manifest Document No. 0 0 0 0 8	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address ALLIED CORPORATION-Bendix Electrodynamics Division 11600 Sherman Way, N. Hollywood, CA 91605				A. State Manifest Document Number 84352692		
4. Generator's Phone (818) 765-1010				B. State Generator's ID		
5. Transporter 1 Company Name				CADO 08325334		
6. US EPA ID Number				C. State Transporter's ID 66369		
DISPOSAL CONTROL SERVICE				D. Transporter's Phone (800) 824-3345		
7. Transporter 2 Company Name				E. State Transporter's ID		
8. US EPA ID Number				F. Transporter's Phone		
9. Designated Facility Name and Site Address PACIFIC TREATMENT CORPORATION 2190 Main St. San Diego, CA 92113				G. State Facility's ID CADO 95894556		
10. US EPA ID Number C A 0 0 9 5 8 9 4 5 5 6				H. Facility's Phone (619) 233-0424		
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)				12. Containers No.	13. Total Quantity	14. Unit M/Vol
a. HAZARDOUS WASTE LIQUID N.O.S., ORME NA 9189				0 0 1	4 500	G 222
b.						
c.						
d.						
J. Additional Descriptions for Materials Listed Above oils, water soluble 21% oils, lubricating 3% water 76%				K. Handling Codes for Wastes Listed Above 01		
15. Special Handling Instructions and Additional Information GLOVES AND GOGGLES JUN 1986 Plant Engineering						
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.						
Printed/Typed Name R.J. Slatterbeck				Signature <i>[Signature]</i>		Date Month Day Year 04/17/86
17. Transporter 1 Acknowledgement of Receipt of Materials				Signature <i>[Signature]</i>		Date Month Day Year 04/17/86
Printed/Typed Name Billy C. Caldwell				Signature <i>[Signature]</i>		Date Month Day Year 04/17/86
18. Transporter 2 Acknowledgement or Receipt of Materials				Signature		Date Month Day Year
Printed/Typed Name				Signature		Date Month Day Year
19. Discrepancy Indication Space Actual volume 4,000g ph=8.0 16:50						
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.						
Printed/Typed Name John J. Nauretz				Signature <i>[Signature]</i>		Date Month Day Year 04/17/86

P 0 8067-650946

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. C A D 0 0 8 3 2 5 3 3 4 0 0 0 0 7		Manifest Document No. 0 0 0 0 7		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.					
3. Generator's Name and Mailing Address ALLIED CORPORATION - Bendix Electrodynamics Division 11600 Sherman Way, N. Hollywood, CA 91605						A. State Manifest Document Number 84352690							
4. Generator's Phone (818) 765-1010						B. State Generator's ID CADO 08325334							
5. Transporter 1 Company Name DISPOSAL CONTROL SERVICE						C. State Transporter's ID 66369							
6. US EPA ID Number C A T 0 8 0 0 3 4 1 8 4						D. Transporter's Phone (800) 824-3345							
7. Transporter 2 Company Name						E. State Transporter's ID							
8. US EPA ID Number						F. Transporter's Phone							
9. Designated Facility Name and Site Address PACIFIC TREATMENT CORPORATION 2190 Main St. San Diego, CA 92113						G. State Facility's ID CADO 95894556							
10. US EPA ID Number C A D 0 9 5 8 9 4 5 5 6						H. Facility's Phone (619) 233-0424							
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers		13. Total Quantity		14. Unit		15. Waste No.	
a. HAZARDOUS WASTE LIQUID N.O.S., ORME NA 9189						No. Type		Quantity		Unit		Waste No.	
						0 0 1 C T		0 2 8 0 0		G		222	
b.													
c.													
d.													
J. Additional Descriptions for Materials Listed Above						K. Handling Codes for Wastes Listed Above							
oils, water soluble 24%						01							
oils, lubricating 1%													
water 75%													
15. Special Handling Instructions and Additional Information						APR 7 1986							
GLOVES AND GOGGLES						DOT-E 8348							
						Plant Engineering							
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.													
Printed/Typed Name						Signature						Date	
W.J. SPECK						<i>W. J. Speck</i>						Month Day Year 03/13/86	
17. Transporter 1 Acknowledgement of Receipt of Materials												Date	
Printed/Typed Name						Signature						Month Day Year	
THOMAS P. S. ...						<i>THOMAS P. S. ...</i>						03/13/86	
18. Transporter 2 Acknowledgement or Receipt of Materials												Date	
Printed/Typed Name						Signature						Month Day Year	
19. Discrepancy Indication Space													
halogenated solvents present in load												ph=9.0 12:50	
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.												Date	
Printed/Typed Name						Signature						Month Day Year	
JUAN J. NAVARETE						<i>Juan J. Navarete</i>						103/13/86	

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. C A D 0 0 8 3 2 5 3 3 4	Manifest Document No. 0 0 0 0 5	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address ALLIED CORPORATION-Bendix Electrodynamics Division 11600 Sherman Way, N. Hollywood, CA 91605				A. State Manifest Document Number 84352688	
4. Generator's Phone (818) 765-1010				B. State Generator's ID CADO 08325334	
5. Transporter 1 Company Name VAN WATERS AND ROGERS		6. US EPA ID Number C A D 0 0 9 2 3 0 2 4 4		C. State Transporter's ID 63202	
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone (213) 265-8123	
9. Designated Facility Name and Site Address OMEGA CHEMICAL CORP. 12504 E. Whittier Blvd. Whittier, CA 90602		10. US EPA ID Number C A D 0 4 2 2 4 5 0 0 1		E. State Transporter's ID 63200	
				F. Transporter's Phone	
				G. State Facility's ID CADO 42245001	
				H. Facility's Phone (213) 698-0991	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)				12. Containers	13. Total Quantity
				No.	Type
a. WASTE TRICHLOROETHANE III, ORMA UN 2831				0 0 4	D R
				0 0 2	0 0
				6	211
J. Additional Descriptions for Materials Listed Above Tri- 70 % oil and grease - 30%				K. Handling Codes for Wastes Listed Above	
15. Special Handling Instructions and Additional Information VAN WATERS AND ROGERS ACCOUNT MAR 24 1986 Plant Engineering					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.					
Printed/Typed Name R.J. SLATTERBECK				Signature [Signature]	
				Date Month Day Year 0 2 2 0 8 6	
17. Transporter 1 Acknowledgement of Receipt of Materials				Date	
Printed/Typed Name Mike Zuber				Signature [Signature]	
				Date Month Day Year 0 2 2 0 8 6	
18. Transporter 2 Acknowledgement or Receipt of Materials				Date	
Printed/Typed Name FRANK DIAZ				Signature [Signature]	
				Date Month Day Year 0 2 2 4 8 6	
19. Discrepancy Indication Space					
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.					
Printed/Typed Name Henry P. [Signature]				Signature [Signature]	
				Date Month Day Year 0 2 2 4 8 6	

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. C A D 0 0 8 3 2 5 3 3 4 0 0 0 0 3	Manifest Document No. 0 0 0 0 3	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address ALLIED CORPORATION - Bendix Electrodynamics Division 11600 Sherman Way, N. Hollywood, CA 91605				A. State, Manifest Document Number 84352686	
4. Generator's Phone (818) 765-1010				B. State Generator's ID CADO 08325334	
5. Transporter 1 Company Name DISPOSAL CONTROL SERVICE		6. US EPA ID Number I C A T 0 8 0 0 3 4 1 8 4		C. State Transporter's ID	
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone (818) 824-3345	
9. Designated Facility Name and Site Address PACIFIC TREATMENT CORPORATION 2190 Main St. San Diego, CA 92113				E. State Transporter's ID	
10. US EPA ID Number I C A D 0 9 5 8 9 4 5 5 6				F. Transporter's Phone	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)				12. Containers	13. Total Quantity
a. WASTE HAZARDOUS LIQUID N.O.S., ORME NA 9189				No.	Type
				0 0 1	C T 0 4 0 0 0 9
b.					
c.					
d.					
J. Additional Descriptions for Materials Listed Above				K. Handling Codes for Wastes Listed Above	
oils, water soluble 24%				14	
oils, lubricating 1%					
water 75%					
15. Special Handling Instructions and Additional Information					
GLOVES AND GOGGLES					
MAR 4 1986 Plant Engineering					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.					
Printed/Typed Name R.J. SLATTERBECK				Signature <i>[Signature]</i>	
				Date Month Day Year 10 21 08 5	
17. Transporter 1 Acknowledgement of Receipt of Materials					
Printed/Typed Name <i>[Signature]</i>				Signature <i>[Signature]</i>	
				Date Month Day Year 10 21 86	
18. Transporter 2 Acknowledgement or Receipt of Materials					
Printed/Typed Name				Signature	
				Date Month Day Year	
19. Discrepancy Indication Space					
1630 P/8.0					
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.					
Printed/Typed Name Bob Miller				Signature <i>[Signature]</i>	
				Date Month Day Year 10 21 86	

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. CADO 08325334	Manifest Document No. 000002	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address ARMED CORPORATION-BENDIX ELECTRODYNAMICS DIVISION 11600 SHERMAN WAY, N. HOLLYWOOD CA 11605		A. State Manifest Document Number 84352685		B. State Generator's ID CADO 08325334	
4. Generator's Phone (818) 765-1010		C. State Transporter's ID 66369		D. Transporter's Phone 714 783-6342	
5. Transporter 1 Company Name DISPOSAL CONTROL SERVICE		6. US EPA ID Number CAT 080034184		E. State Transporter's ID	
7. Transporter 2 Company Name		8. US EPA ID Number		F. Transporter's Phone	
9. Designated Facility Name and Site Address DEMENNO/KERDOON 2100 N. ALAMEDA ST. COMPTON CA 90222		10. US EPA ID Number CAT 080013352		G. State Facility's ID CAT 080013352	
H. Facility's Phone (213) 537-7100					
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers	13. Total Quantity	14. Unit Wt/Vol	15. Waste No.
a. UN 1270 WASTE PETROLEUM OIL NOS/COMBUSTIBLE LIQUID		No. 001	Type TT	2500 G	222
b.					
c.					
d.					
J. Additional Descriptions for Materials Listed Above OILS 60% WATER 38% WATER SOLUBLE OILS 2%		K. Handling Codes for Wastes Listed Above 01			
15. Special Handling Instructions and Additional Information GOGGLE AND GLOVES MAR 25 1986					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.					
Printed/Typed Name R. J. SLATTERBECK		Signature <i>[Signature]</i>		Date Month Day Year 02 08 86	
17. Transporter 1 Acknowledgement of Receipt of Materials		Printed/Typed Name JIM LAWRENCE		Signature <i>[Signature]</i>	
18. Transporter 2 Acknowledgement or Receipt of Materials		Printed/Typed Name		Signature	
19. Discrepancy Indication Space					
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.					
Printed/Typed Name William		Signature <i>[Signature]</i>		Date Month Day Year 2 8 86	

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address Allied Corporation-Bendix Electrodynamics Division 11600 Sherman Way, N. Hollywood, CA 91605		C A D 0 0 8 3 2 5 3 3 4 1 0 0 0 3 1		A. State Manifest Document Number 84832016		
4. Generator's Phone (818) 765-1010		6. US EPA ID Number C A D 0 9 3 0 8 1 4 2 8 8		B. State Generator's ID C A D 0 0 8 3 2 5 3 3 4		
5. Transporter 1 Company Name J C & I Trans		8. US EPA ID Number 1		C. State Transporter's ID 709154		
7. Transporter 2 Company Name				D. Transporter's Phone 714 821 4374		
9. Designated Facility Name and Site Address Chemical Waste Management 35251 Skyline Road Kettleman City, Ca 93291		10. US EPA ID Number C A T 0 0 0 6 4 6 1 1 7		E. State Transporter's ID 709154		
				F. Transporter's Phone 714 821 4374		
				G. State Facility's ID C A T 0 0 0 6 4 6 1 1 7		
				H. Facility's Phone 714 821 4374		
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No.	13. Total Quantity	14. Unit Wt/Vol	15. Waste No.	
a. ORM-E Hazardous Waste Solid NOS. NA9189		00	10	00	0.16	Y 1611
b.						
c.						
d. DEC 1 1986 Plant Engineering						
J. Additional Descriptions for Materials Listed Above sand/soil Hydraulic oil		K. Handling Codes for Wastes Listed Above 03				
15. Special Handling Instructions and Additional Information gloves, 009745						
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.						
Printed/Typed Name H. R. KELLENBERGER		Signature <i>H. R. Kellenberger</i>		Date 11/1/84		
17. Transporter 1 Acknowledgement of Receipt of Materials		Signature <i>R. K. Kellenberger</i>		Date 11/2/84		
Printed/Typed Name R. K. Kellenberger		Signature <i>R. K. Kellenberger</i>		Date 11/2/84		
18. Transporter 2 Acknowledgement of Receipt of Materials		Signature		Date		
Printed/Typed Name		Signature		Date		
19. Discrepancy Indication Space ⑨ 35251 Skyline Rd						
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.						
Printed/Typed Name Dennis G. Dwyer		Signature <i>Dennis G. Dwyer</i>		Date 11/2/84		

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.		Manifest Document No.		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address						A. State Manifest Document Number 86133043			
4. Generator's Phone () - - - - -						B. State Generator's ID CADD 0022532A			
5. Transporter 1 Company Name Disposal Control				6. US EPA ID Number KIA107010341184		C. State Transporter's ID 704008			
7. Transporter 2 Company Name				8. US EPA ID Number		D. Transporter's Phone 714/982-0242			
9. Designated Facility Name and Site Address Casmalia Resource Management NTU Road Casmalia, Ca 93429						E. State Transporter's ID			
10. US EPA ID Number KIA101210741811251855-932-894						F. Transporter's Phone			
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers		13. Total Quantity	
a. Hazardous waste solid NOS ORM-E NA9189						No. Type		14. Unit Wt/Vol	
b.						1010101M		1/4 Y	
c.									
d.									
J. Additional Descriptions for Materials Listed Above Hydraulic oil sludge						K. Handling Codes for Wastes Listed Above 03			
15. Special Handling Instructions and Additional Information gloves & goggles									
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage or disposal currently available to me which minimizes the present and future threat to human health and the environment.									
Printed/Typed Name				Signature				Month Day Year	
17. Transporter 1 Acknowledgement of Receipt of Materials				Signature				Month Day Year	
Printed/Typed Name				Signature				Month Day Year	
18. Transporter 2 Acknowledgement of Receipt of Materials				Signature				Month Day Year	
Printed/Typed Name				Signature				Month Day Year	
19. Discrepancy Indication Space #73070									
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.									
Printed/Typed Name				Signature				Month Day Year	

8067-654417

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No	Manifest Document No.	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address ALLIED CORPORATION-Bendix Electrodynamics Division 11600 Sherman Way, N. Hollywood, CA 91605		C A D 0 0 8 3 2 5 3 3 4 0 0 0 2 9		A.State Manifest Document Number 84832013		
4. Generator's Phone (818) 765-1010		6. US EPA ID Number C A T 0 8 0 0 3 4 1 8		B.State Generator's ID		
5. Transporter 1 Company Name DISPOSAL CONTROL SERVICE		8. US EPA ID Number		C.State Transporter's ID 710301		
7. Transporter 2 Company Name		10. US EPA ID Number		D.Transporter's Phone (800) 824-3345		
9. Designated Facility Name and Site Address CASMALIA RESOURCE MANAGEMENT NTU ROAD CASMALIA, CA 93429		12. Containers		E.State Transporter's ID		
		13. Total Quantity		F.Transporter's Phone		
		14. Unit		G.State Facility ID		
		15. Special Handling Instructions and Additional Information		H.Facility's Phone		
11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers		13. Total Quantity		
a. WASTE POISONOUS SOLID NOS, POISON B UN 2811		No. Type		14. Unit		
		0 0 1 C M		Total Quantity		
b. WASTE CORROSIVE SOLID NOS CORROSIVE MATERIAL UN 1759		0 0 1 C M		Unit		
				Wt/Vol		
c.						
d.						
J. Additional Descriptions for Materials Listed Above		K.Handling Codes for Wastes Listed Above				
a/Empty Plating tank once containing cadmium cyanide with vermiculite & CKD triple wrapped		b/Empty Plating tank once containing cadmium cyanide with vermiculite & CKD triple wrapped				
15. Special Handling Instructions and Additional Information		EXTREMELY HAZARDOUS WASTE DISPOSAL PERMIT # 3-9441		GLOVES AND GOGGLES		
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.		Printed/Typed Name H.R. KELLENBERGER		Signature		Date Month Day Year 11 18 86
17. Transporter 1 Acknowledgement of Receipt of Materials		Printed/Typed Name WAYNE E. PARKER		Signature		Date Month Day Year 11 11 86
18. Transporter 2 Acknowledgement of Receipt of Materials		Printed/Typed Name		Signature		Date Month Day Year
19. Discrepancy Indication Space						
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.		Printed/Typed Name		Signature		Date Month Day Year

**WASTE MANIFEST
(Continuation Sheet)**

C A D 0 0 8 3 2 5 3 3 4

Document No.
0 0 0 2 6

22. Page
2

Information in the shaded areas is not required by Federal law.

23. Generator's Name

ALLIED CORPORATION/Bendix Electrodynamics Division
11600 Sherman Way, N. Hollywood, CA 91605

L. State Manifest Document Number

84832010

M. State Generator's ID

CAD 08325334

24. Transporter Company Name

DISPOSAL CONTROL SERVICE

25. US EPA ID Number

ICAT080034184

N. State Transporter's ID

710301

O. Transporter's Phone (800)824-3345

26. Transporter Company Name

27. US EPA ID Number

P. State Transporter's ID

Q. Transporter's Phone

28. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

29. Containers

No.

Type

30. Total Quantity

31. Unit

Wt/Vol

R. Waste No.

a.

b.

WASTE CORROSIVE SOLID NOS, CORROSIVE MATERIAL UN 1759

0 0 4

D M

1.0

Y

181

c.

HAZARDOUS WASTE SOLID NOS ORM-E NA9189

0 0 2

D M

.5

Y

181

d.

e.

f.

g.

h.

i.

S. Additional Descriptions for Materials Listed Above SOLIDIFIED IN VERMICULITE

b.6-7 Nitric Acid Solution ph 1.0

b.13-14 Caustic Solution w/6oz/gal copper ph 10.0

c.15-16 Ammonium Nitrate Solution w/6oz/gal Cadmium ph 7.0

T. Handling Codes for Wastes Listed Above

32. Special Handling Instructions and Additional Information

GLOVES, GOGGLES AND PROTECTIVE CLOTHING

33. Transporter Acknowledgement of Receipt of Materials

Date

Printed/Typed Name

Signature

Month Day Year

34. Transporter Acknowledgement of Receipt of Materials

Date

Printed/Typed Name

Signature

Month Day Year

35. Discrepancy Indication Space

8067-654417

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address ALLIED CORPORATION/Bendix Electrodynamics Division 11600 Sherman Way, N. Hollywood, CA 91605		C A D 0 0 8 3 2 5 3 3 4 0 0 0 2 6		A. State Manifest Document Number 84832010	
4. Generator's Phone (318) 765-1010				B. State Generator's ID CA0008325334	
5. Transporter 1 Company Name DISPOSAL CONTROL SERVICE		6. US EPA ID Number C A T 0 8 0 0 3 4 1 8		C. State Transporter's ID 7113301	
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone (800) 824-3345	
9. Designated Facility Name and Site Address CASMALIA RESOURCE MANAGEMENT NTU ROAD CASMALIA, CA 93429		10. US EPA ID Number C A D 0 2 0 7 4 8 1 2 5		E. State Transporter's ID F. Transporter's Phone G. State Facility's ID CA00 20748125 H. Facility's Phone (805) 837-8449	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol
a. WASTE CORROSIVE SOLID NOS, CORROSIVE MATERIAL UN 1759		0 1 0	D F	2.5 Cu.	Y
b. SEE CONTINUATION SHEET					
c.					
d.					
J. Additional Descriptions for Materials Listed Above		K. Handling Codes for Wastes Listed Above			
a. 1-4 Hydrochloric Acid Solution w/5mg/l copper ph 1.0		SOLIDIFIED WITH VERMICULITE			
a. 5 Chromic Acid Solution ph 3.0		10-12 Oxidizer Solution			
a. 8-9 Aloxine Acid Solution ph 2.0		Solution ph 12.0			
15. Special Handling Instructions and Additional information		NOV 17 1986			
GLOVES GOGGLES AND PROTECTIVE CLOTHING		Plant Engineering			
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.					
Printed/Typed Name R.J. Slatterbeck		Signature		Date Month Day Year 10 3 0 8 6	
17. Transporter 1 Acknowledgement of Receipt of Materials		Date			
Printed/Typed Name Michael J. Slatterbeck		Signature		Month Day Year 10 3 0 8 6	
18. Transporter 2 Acknowledgement of Receipt of Materials		Date			
Printed/Typed Name		Signature		Month Day Year	
19. Discrepancy Indication Space					
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.		Date			
Printed/Typed Name CASMALIA RESOURCES Paulette Hopkins		Signature		Month Day Year 10 31 86	

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. C A D 0 0 8 3 2 5 3 3 4 0 0 0 2 3		Manifest Document No. 0 0 0 2 3		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.			
3. Generator's Name and Mailing Address ALLIED CORPORATION/Bendix Electrodynamics Division 11600 Sherman Way, N. Hollywood, CA 91605						A. State Manifest Document Number 84832007					
4. Generator's Phone (818) 765-1010						B. State Generator's ID CADO 08325334					
5. Transporter 1 Company Name DISPOSAL CONTROL SERVICE			6. US EPA ID Number I C A T 0 8 0 0 3 4 1 8 4			C. State Transporter's ID					
7. Transporter 2 Company Name J Cal Trans			8. US EPA ID Number I C A D 0 9 8 0 9 1 4 8 4			D. Transporter's Phone: (800) 824-3345					
9. Designated Facility Name and Site Address CASMALIA RESOURCE MANAGEMENT NTU ROAD CASMALIA, CA 93429			10. US EPA ID Number I C A D 0 2 0 7 4 8 1 2 5			E. State Transporter's ID 708194					
						F. Transporter's Phone 714 721 4234					
						G. State Facility ID CADO 20748125					
						H. Facility Phone (800) 824-3345					
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers No. Type		13. Total Quantity		14. Unit Wt/Vol	
a. HAZARDOUS WASTE SOLID N.O.S. ORM-E UN 9189						0 0 1 D T		00.7		Y	
b.											
c.											
d.											
J. Additional Descriptions for Materials Listed Above OIL CONTAMINATED CONCRETE AND SOIL						K. Handling Codes for Wastes Listed Above 03					
15. Special Handling Instructions and Additional Information GLOVES AND GOGGLES											
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.											
Printed/Typed Name R.J. Slatterbeck						Signature <i>[Signature]</i>			Date Month Day Year 10 07 86		
17. Transporter 1 Acknowledgement of Receipt of Materials						Signature <i>[Signature]</i>			Date Month Day Year .		
18. Transporter 2 Acknowledgement of Receipt of Materials						Signature <i>[Signature]</i>			Date Month Day Year 10 07 86		
19. Discrepancy Indication Space						Plant Engineering					
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. 300-4-10340 RKS											
Printed/Typed Name V.M. Kinkade						Signature <i>[Signature]</i>			Date Month Day Year 10 07 86		

8067-654417

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address ALLIED CORPORATION/Bendix Electrodynamics Division 11600 Sherman Way, N. Hollywood, CA 91605		C A D 0 0 8 3 2 5 3 3 4		A. State Manifest Document Number 84832008	
4. Generator's Phone (818) 765-1010				B. State Generator's ID C A D 0 0 8 3 2 5 3 3 4	
5. Transporter 1 Company Name DISPOSAL CONTROL SERVICE		6. US EPA ID Number C A T 0 3 0 0 3 4 1 8 4		C. State Transporter's ID C A T 0 3 0 0 3 4 1 8 4	
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone 710 391-3345	
9. Designated Facility Name and Site Address CASMALIA RESOURCE MANAGEMENT NTU ROAD CASMALIA, CA 93429		10. US EPA ID Number C A D 0 0 2 0 7 4 8 1 2 5		E. State Transporter's ID C A T 0 3 0 0 3 4 1 8 4	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers	13. Total Quantity	14. Unit	15. No.
a. HAZARDOUS WASTE SOLID NOS ORM-E NA 9189		0 0 5	D F	0 0 1-1/4	181
b. WASTE CORROSIVE SOLID N.O.S. CORROSIVE MATERIAL UN1759		0 1 4	D F	0 0 3-1/2	181
c.					
d.					
J. Additional Descriptions for Materials Listed Above a. 1-5 Trivalent Chrome Sludge and Vermiculite b. 1-8 Hydrochloric Acid Solution 10.1% with 500/L Copper c. 9-14 Oxide Caustic Solution 12.0		K. Handling Codes for Wastes Listed Above 03			
15. Special Handling Instructions and Additional Information GLOVES AND GOGGLES WITH PROTECTIVE CLOTHING					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.					
Printed/Typed Name R.J. Slatterbeck		Signature		Date Month Day Year 1 0 6 0 8 6	
17. Transporter 1 Acknowledgement of Receipt of Materials		Signature		Date Month Day Year 1 0 6 0 8 6	
Printed/Typed Name WILLIAM D PARKER		Signature		Date Month Day Year 1 0 6 0 8 6	
18. Transporter 2 Acknowledgement of Receipt of Materials		Signature		Date Month Day Year	
Printed/Typed Name		Signature		Date Month Day Year	
19. Discrepancy Indication Space					
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. #30263-					
Printed/Typed Name C A SMALIA RESOURCES Paulette Hopkins		Signature		Date Month Day Year 1 0 6 0 8 6	

8067-654417

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. C A D 0 0 8 3 2 5 3 3 4 1 0 0 0 2 1	Manifest Document No. 0 1	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address ALLIBD CORPORATION-Bendix Electrodynamics Division 11600 Sherman Way, N. Hollywood, CA 91605		6. US EPA ID Number C A T 0 3 0 0 3 4 1 8 4		A.State Manifest Document Number 84832005	
4. Generator's Phone (818) 765-1010		6. US EPA ID Number C A T 0 3 0 0 3 4 1 8 4		B.State Generator's ID CADD 08325334	
5. Transporter 1 Company Name DISPOSAL CONTROL SERVICE		6. US EPA ID Number C A T 0 3 0 0 3 4 1 8 4		C.State Transporter's ID 700301	
7. Transporter 2 Company Name		8. US EPA ID Number		D.Transporter's Phone (800) 824-3345	
9. Designated Facility Name and Site Address CASMALIA RESOURCE MANAGEMENT NTU ROAD CASMALIA, CA 93429		10. US EPA ID Number C A D 0 2 0 7 4 8 1 2 5		E.State Transporter's ID 600348	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers		13. Total Quantity	
a. HAZARDOUS WASTE SOLID XXX NOS ORME NA 9189		No. Type		14. Unit	
b.		0 6 0 0 R		1.25 CY	
c.					
d.					
J. Additional Descriptions for Materials Listed Above CRUSHED 55 GAL. DRUMS ONCE CONTAINING OIL PRODUCTS AND DETERGENTS		K.Handling Codes for Wastes Listed Above SEP 30 1986 Plant Eng - 03			
15. Special Handling Instructions and Additional Information GLOVES AND GOGGLES					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.					
Printed/Typed Name R.J. Slatterbeck		Signature <i>R.J. Slatterbeck</i>		Date Month Day Year 0 9 1 9 8 6	
17. Transporter 1 Acknowledgement of Receipt of Materials		Signature <i>Wayne E. Parker</i>		Date Month Day Year 0 9 1 9 8 6	
Printed/Typed Name WAYNE E. PARKER		Signature <i>Wayne E. Parker</i>		Date Month Day Year 0 9 1 9 8 6	
18. Transporter 2 Acknowledgement of Receipt of Materials		Signature <i>Herbert A. Zuercher</i>		Date Month Day Year 0 9 1 9 8 6	
Printed/Typed Name HERBERT A. ZUERCHER		Signature <i>Herbert A. Zuercher</i>		Date Month Day Year 0 9 1 9 8 6	
19. Discrepancy Indication Space					
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. # 0119-21320 RWS					
Printed/Typed Name Casualty Resource		Signature <i>Alvin Robert Alvin</i>		Date Month Day Year 0 9 1 9 8 6	

Please print on type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. C A D 0 0 8 3 2 5 3 3 4 0 0 0 1 2	Manifest Document No. 0 0 0 1 2	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address ALLIED CORPORATION- Bendix Electrodynamics Division 11600 Sherman Way, N. Hollywood, CA 91605		6. US EPA ID Number C A T 0 0 0 3 4 1 8 4		A. State Manifest Document Number 84352695	
4. Generator's Phone (818) 765-1010		8. US EPA ID Number		B. State Generator's ID CAD008325334	
5. Transporter 1 Company Name DISPOSAL CONTROL SERVICE		10. US EPA ID Number C A T 0 0 0 6 4 6 1 1 7		C. State Transporter's ID 600237	
7. Transporter 2 Company Name				D. Transporter's Phone (800)824-3345	
9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT 35251 01k Skyline Kettleman City, CA				E. State Transporter's ID	
				F. Transporter's Phone	
				G. State Facility's ID CATO 80646117	
				H. Facility's Phone (209) 346-9711	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No. Type	13. Total Quantity	14. Unit Wt/Vol	Waste No.
a. HAZARDOUS WASTE SOLID N.O.S. , ORM-E , NA 9189		0 0 2 CM	12.7	CY	512
b.					
c.					
d.					
J. Additional Descriptions for Materials Listed Above TWO STEEL FAN/BLOWER UNITS WRAPPED IN POLYETHYLENE SHEETING REFER TO WASTE PROFILE #LAXD 74980		K. Handling Codes for Wastes Listed Above 03			
15. Special Handling Instructions and Additional Information GLOVES GOGGLES AND PROTECTIVE CLOTHING					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.					
Printed/Typed Name R.J. SLATTERBECK		Signature <i>[Signature]</i>		Date Month Day Year 10 4 12 3 18 6	
17. Transporter 1 Acknowledgement of Receipt of Materials		Signature <i>[Signature]</i>		Date Month Day Year 10 9 12 3 18 6	
Printed/Typed Name JOSEPH R. TAPIA		Signature <i>[Signature]</i>		Date Month Day Year 10 9 12 3 18 6	
18. Transporter 2 Acknowledgement or Receipt of Materials		Signature		Date Month Day Year	
Printed/Typed Name		Signature		Date Month Day Year	
19. Discrepancy Indication Space					
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.					
Printed/Typed Name Stephen Pickell LT		Signature <i>[Signature]</i>		Date Month Day Year 9 24 86	

**UNIFORM HAZARDOUS
WASTE MANIFEST
(Continuation Sheet)**

21. Generator's US EPA ID No.

C A D O 0 8 3 2 5 3 3 4

Manifest
Document No.

0 0 0 0 8

22. Page

2

Information in the shaded
areas is not required by Fed-
law.

23. Generator's Name

ALLIED CORPORATION/Bendix Electrodynamics Division
11600 Sherman Way, N. Hollywood, CA 91605

L. State Manifest Document Number

84352691

M. State Generator's ID

CADO 08325334

24. Transporter Company Name

DISPOSAL CONTROL SERVICE

25. US EPA ID Number

I C A T 0 8 0 0 3 4 1 8 4

N. State Transporter's ID

66-354

O. Transporter's Phone (800) 824-3345

26. Transporter Company Name

27. US EPA ID Number

P. State Transporter's ID

Q. Transporter's Phone

28. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

29. Containers

No.

Type

30.
Total
Quantity

31.
Unit
Wt/Vol

R.
Waste No.

a.

b.

c.

d.

e.

f.

g.

h.

i.

S. Additional Descriptions for Materials Listed Above

b.1 -Drum Sodium Cyanide & Potassium Cyanide contaminated
debris packed with vermiculite.

c.1 -Drum Hydrochloric Acid Solution -15% solidified with
vermiculite.

T. Handling Codes for Wastes Listed Above

32. Special Handling Instructions and Additional Information

GLOVES AND GOGGLES AND PROTECTIVE CLOTHING
EXTREMELY HAZARDOUS WASTE DISPOSAL PERMIT # 3-8299

33. Transporter Acknowledgement of Receipt of Materials

Printed/Typed Name

R.J. Slatterbeck

Signature

[Signature]

Date

Month Day Year

0 4 10 4 18 6

34. Transporter Acknowledgement of Receipt of Materials

Printed/Typed Name

[Signature]

Signature

[Signature]

Date

Month Day Year

04/10/18

35. Discrepancy Indication Space

GENERATOR

TRANSPORTER

FACTOR

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. C A D 0 0 8 3 2 5 3 3 4	Manifest Document No. 0 0 0 0 8	2. Page 1 of 2	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address ALLIED CORPORATION/Bendix Electrodynamics Division 11600 Sherman Way, N. Hollywood, CA 91605		6. US EPA ID Number I C A T 0 8 0 0 3 4 1 8 4		A. State Manifest Document Number 84352691	
4. Generator's Phone (818) 765-1010		8. US EPA ID Number		B. State Generator's ID CADO 08325334 66354	
5. Transporter 1 Company Name DISPOSAL CONTROL SERVICE		10. US EPA ID Number I C A D 0 2 0 7 4 8 1 2 5		C. State Transporter's ID D. Transporter's Phone (800) 824-3345	
7. Transporter 2 Company Name		12. Containers		E. State Transporter's ID 00375	
9. Designated Facility Name and Site Address CASMALIA RESOURCE MANAGEMENT NTU ROAD CASMALIA, CA 93429		13. Total Quantity		F. Transporter's Phone	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		14. Unit Wt/Vol		G. State Facility's ID CADO 20748125	
a. WASTE CORROSIVE SOLID N.O.S. CORROSIVE MATERIAL UN 1759		No. Type		H. Facility's Phone (805) 937-8449	
b. WASTE POISONOUS SOLID N.O.S. POISON B UN 2811		0 0 4 D M 0 0 0 0 1 CY 181			
c. WASTE CORROSIVE SOLID N.O.S. CORROSIVE MATERIAL UN 1759		0 0 1 D M 0 0 0 0 .25 CY 181			
d. WASTE CORROSIVE SOLID N.O.S. CORROSIVE MATERIAL UN 1759		0 0 1 D M 0 0 0 0 .25 CY 181			
J. Additional Descriptions for Materials Listed Above 1, 2, 3 - 15 gallon carboys of Muriatic Acid Solution - 36% with copper. Lab packed in drums with vermiculite. 4 - 20 gal. carboy of Hydrofluoric Acid - 20% solution. Lab packed in drum with vermiculite. SEE CONTINUATION SHEET.		K. Handling Codes for Wastes Listed Above 03			
15. Special Handling Instructions and Additional Information GLOVES AND GOGGLES AND PROTECTIVE CLOTHING EXTREMELY HAZARDOUS WASTE DISPOSAL PERMIT # 3-8299					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.					
Printed/Typed Name R.J. Slatterbeck		Signature <i>[Signature]</i>		Date Month Day Year 0 4 0 7 8 6	
17. Transporter 1 Acknowledgement of Receipt of Materials		Signature <i>[Signature]</i>		Date Month Day Year 0 9 0 7 8 6	
Printed/Typed Name JOSEPH R. TOPA		Signature <i>[Signature]</i>		Date Month Day Year 0 4 1 0 4 8 6	
18. Transporter 2 Acknowledgement of Receipt of Materials		Signature <i>[Signature]</i>		Date Month Day Year 0 4 1 0 4 8 6	
Printed/Typed Name WAYNE E. PARKER		Signature <i>[Signature]</i>		Date Month Day Year 0 4 1 0 4 8 6	
19. Discrepancy Indication Space					
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19. 72184 - 12,780 lbs					
Printed/Typed Name Casmalia Resource Management		Signature <i>[Signature]</i>		Date Month Day Year 4 7 8 6	

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. C A D 0 0 8 3 2 5 3 3 4 0 0 0 0 6		Manifest Document No. 4 0 0 0 0 6	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address ALLIED CORPORATION/Bendix Electrodynamics Division 11600 Sherman Way, N. Hollywood, CA 92605					A. State Manifest Document Number 84352689		
4. Generator's Phone (818) 765-1010					B. State Generator's ID CADO 09325334		
5. Transporter 1 Company Name J. CAL TRANSPORTATION			6. US EPA ID Number C A D 9 8 0 8 1 4 8 8 3		C. State Transporter's ID 62530		
7. Transporter 2 Company Name			8. US EPA ID Number		D. Transporter's Phone (213) 920-7709		
9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT 35251 Skyline (Old) Kettleman City, CA			10. US EPA ID Number C A T 0 0 0 6 4 6 1 1 7		E. State Transporter's ID		
					F. Transporter's Phone		
					G. State Facility's ID CATO 00646117		
					H. Facility's Phone (209) 386-9711		
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)					12. Containers	13. Total Quantity	14. Unit Wt/Vol
					No.	Type	
a. HAZARDOUS WASTE SOLID, N.O.S., ORM-E, NA 9189					0 0 1	D T	0 0 0 2 5 Y
b.							
c. MAR 24 1986							
d. Plant Engineering							
J. Additional Descriptions for Materials Listed Above REFER TO WASTE PROFILE SHEET # 53718 CONCRETE AND SOIL CONTAMINATED WITH PLATING SOLUTIONS					K. Handling Codes for Wastes Listed Above 1 Q3		
15. Special Handling Instructions and Additional Information GLOVES AND GOGGLES Corrected address in line #9 TSPF address should be 35251 & Old Skyline, Kettleman City, CA							
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.							
Printed/Typed Name R.J. SLATTERBECK					Signature 		Date Month Day Year 10 3 10 4 18 6
17. Transporter 1 Acknowledgement of Receipt of Materials					Signature 		Date Month Day Year 10 3 10 4 18 6
18. Transporter 2 Acknowledgement or Receipt of Materials					Signature 		Date Month Day Year 10 3 10 4 18 6
19. Discrepancy Indication Space							
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.							
Printed/Typed Name Stephen Pickell LT					Signature 		Date Month Day Year 3 14 86

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UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. CADO08325334	Manifest Document No. 07/11	2. Page 1	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address ALLIED CORPORATION/BENDIX ELECTRODYNAMICS 11600 SHERMAN WAY, No. HOLLYWOOD CA 91605		A. State Manifest Document Number 84352687		B. State Generator's ID CADO 08325334	
4. Generator's Phone (818) 765-1010		5. Transporter 1 Company Name DISPOSAL CONTROL SERVICE		6. US EPA ID Number CATOSCO34184	
7. Transporter 2 Company Name		8. US EPA ID Number		C. State Transporter's ID 66378	
9. Designated Facility Name and Site Address CHATELAIN T-RESORCIE WASTE MGMT INTU ROAD CASIMALIA CALIF		10. US EPA ID Number CA 020748125		D. Transporter's Phone 800 824-3345	
				E. State Transporter's ID	
				F. Transporter's Phone	
				G. State Facility's ID CADO 20748125	
				H. Facility's Phone (805) 937-8449	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers		13. Total Quantity	14. Unit Wt/Vol
a. HAZARDOUS WASTE LIQUID NOS CORN-E NA 9189		No.	Type		
b.					
c.					
d.					
J. Additional Descriptions for Materials Listed Above CHRONIC ACID < 1% 1600 PPM PH 7.5 WATER 99% NEUTRALIZED SOLUTION		K. Handling Codes for Wastes Listed Above 08/E			
15. Special Handling Instructions and Additional Information PROTECTIVE CLOTHING, GLOVES & GOGGLES					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.					
Printed/Typed Name R. SLATTERBECK		Signature <i>[Signature]</i>		Date Month Day Year 07-17-86	
17. Transporter 1 Acknowledgement of Receipt of Materials		Signature <i>[Signature]</i>		Date Month Day Year 07-17-86	
Printed/Typed Name JAMES M. CHAMBERS		Signature <i>[Signature]</i>		Date Month Day Year 07-17-86	
18. Transporter 2 Acknowledgement or Receipt of Materials		Signature <i>[Signature]</i>		Date Month Day Year 07-17-86	
Printed/Typed Name JERRY HERNADEZ		Signature <i>[Signature]</i>		Date Month Day Year 07-17-86	
19. Discrepancy Indication Space C-1 1600 PPM PH 7.5					
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.					
Printed/Typed Name CASIMALIA RESOURCES		Signature <i>[Signature]</i>		Date Month Day Year 07-17-86	

GENERATOR COPY

8051-56667

Please print or type.

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UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. C A D 0 0 8 3 2 5 3 3 4 0 0 0 0 1		Manifest Document No.		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address ALLIED CORPORATION/Bendix Electrodynamics Division 1100 Sherman Way, N. Hollywood, CA 91605				A. State Manifest Document Number 84352684					
4. Generator's Phone (818) 765-1010				6. US EPA ID Number		B. State Generator's ID C A D 0 0 8 3 2 5 3 3 4			
5. Transporter 1 Company Name DISPOSAL CONTROL SERVICE				7. Transporter 1 US EPA ID Number I C A T 0 8 0 0 3 4 1 8 4		C. State Transporter's ID 66356			
7. Transporter 2 Company Name				8. US EPA ID Number		D. Transporter's Phone (800) 824-3345			
9. Designated Facility Name and Site Address CASMALIA RESOURCE MANAGEMENT NTU ROAD CASMALIA, CA 93429				10. US EPA ID Number I C A D 0 2 0 7 4 8 1 2 5		E. State Facility's ID C A D 0 2 0 7 4 8 1 2 5			
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)				12. Containers		13. Total Quantity		14. Unit	
a. HAZARDOUS WASTE SOLID N.O.S. ORM-E UN 9189				No. Type		Quantity		Waste No.	
b.				0 0 1 C M		0 0 0 2 0		Y 181	
c.									
d.									
J. Additional Descriptions for Materials Listed Above MISCELLANEOUS DEBRIS FROM PLATING OPERATION i.e. pipes, wood, metals				K. Handling Codes for Wastes Listed Above C3					
15. Special Handling Instructions and Additional Information GLOVES AND GOGGLES									
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.									
Printed/Typed Name R.J. SLATTERBECK				Signature <i>[Signature]</i>		Date Month Day Year 0 1 1 4 8 6			
17. Transporter 1 Acknowledgement of Receipt of Materials									
Printed/Typed Name JULIO BEHUN				Signature <i>[Signature]</i>		Date Month Day Year 0 1 1 4 8 6			
18. Transporter 2 Acknowledgement or Receipt of Materials									
Printed/Typed Name				Signature		Date Month Day Year			
19. Discrepancy Indication Space									
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19. # 68182-5360165.									
Printed/Typed Name CASMALIA RESOURCES				Signature <i>[Signature]</i>		Date Month Day Year 0 1 1 4 8 6			

6078-656221

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UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. C A D 0 0 8 3 2 5 3 3 4 0 0 0 3 0		Manifest Document No. 15503		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address ALLIED CORPORATION-Bendix Electrodynamics Division 11600 Sherman Way, N. Hollywood, CA 91605		4. Generator's Phone (818) 765-1010		A. State Manifest Document Number 84832014		B. State Manifest Document Date 11/24/86		C. State Manifest Document Title HAZARDOUS WASTE	
5. Transporter 1 Company Name DISPOSAL CONTROL SERVICE		6. US EPA ID Number C A T 0 8 0 0 3 4 1 8 4		7. Transporter 2 Company Name S. T. S.		8. US EPA ID Number			
9. Designated Facility Name and Site Address DEMENNO/KERDOON 2100 N. Alameda St. Compton, CA 90222		10. US EPA ID Number C A T 0 8 0 0 1 3 3 5 2		12. Containers No. Type		13. Total Quantity		14. Unit Wt/Vol	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		a. WASTE OIL NOS. Combustible Liquid NA 1270		0 0 1 T T		5 0 0 G			
b.									
c.									
d.									
15. Special Handling Instructions and Additional Information		GLOVES AND GOGGLES		Plant Engineering		DEC 10 1986			
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.		Printed/Typed Name H. R. KELLENBERGER		Signature		Date Month Day Year 11 24 86			
17. Transporter 1 Acknowledgement of Receipt of Materials		Printed/Typed Name Tom Cantano		Signature		Date Month Day Year 11 24 86			
18. Transporter 2 Acknowledgement of Receipt of Materials		Printed/Typed Name		Signature		Date Month Day Year			
19. Discrepancy Indication Space									
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.		Printed/Typed Name LEO NARD O C. BALCET		Signature		Date Month Day Year 11 24 86			

6078-656221

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UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address ALLIED CORPORATION-Bendix Electrodynamics Division 11600 Sherman Way, N. Hollywood, CA 91605		C A D 0 0 8 3 2 5 3 3 4 0 0 0 3 0		A. State Manifest Document Number 84832014	
4. Generator's Phone (818) 765-1010		6. US EPA ID Number		C. State Generator's ID CADO 06325334	
5. Transporter 1 Company Name DISPOSAL CONTROL SERVICE		8. US EPA ID Number		D. Transporter's Phone 800-824-3345	
7. Transporter 2 Company Name		10. US EPA ID Number		E. State Transporter's ID	
9. Designated Facility Name and Site Address DEMENNO/KERDOON 2100 N. Alameda St. Compton, CA 90222		12. Containers No. Type		F. Transporter's Phone	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) a. WASTE OIL NOS. Combustible Liquid NA 1270		13. Total Quantity 5.00 G		G. State Facility's ID	
b.		14. Unit Wt/Vol		H. Facility's Phone	
c.					
d.					
J. Additional Descriptions for Materials Listed Above WASTE AND USED OIL water		K. Handling Codes for Wastes Listed Above 01			
15. Special Handling Instructions and Additional Information GLOVES AND GOGGLES Plant Engineering DEC 10 1986					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.					
Printed/Typed Name H. R. KELLENBERGER		Signature		Date Month Day Year 11 12 86	
17. Transporter 1 Acknowledgement of Receipt of Materials		Signature		Date Month Day Year 11 24 86	
18. Transporter 2 Acknowledgement of Receipt of Materials		Signature		Date Month Day Year	
19. Discrepancy Indication Space					
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.					
Printed/Typed Name LEONARDO C. BALCET		Signature		Date Month Day Year 11 12 86	

8067-654417

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. C A 0 0 0 8 3 2 5 3 3 4 0 0 0 2 7		Manifest Document No.		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.			
3. Generator's Name and Mailing Address ALLIED CORPORATION-Bendix Electrodynamics Division 11600 Sherman Way, N. Hollywood, CA 91605						A. State Manifest Document Number 84832011					
4. Generator's Phone (818) 765-1010						B. State Generator's ID CABO 08325334					
5. Transporter 1 Company Name DISPOSAL CONTROL SERVICE						C. State Transporter's ID 710328					
6. US EPA ID Number C A T 0 8 0 0 3 4 1 8						D. Transporter's Phone 800-824-3346					
7. Transporter 2 Company Name						E. State Transporter's ID					
8. US EPA ID Number						F. Transporter's Phone					
9. Designated Facility Name and Site Address DEMENNO/KERDOON 2100 N. Alameda St. Compton, CA 90222						G. State Facility's ID 0011452					
10. US EPA ID Number C A T 0 8 0 0 1 3 3 5 2						H. Facility's Phone 377-7100					
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers No.		13. Total Quantity		14. Unit Wt/Vol	
a. WASTE PETROLEUM OIL N.O.S./COMBUSTIBLE LIQUID UN1270						1		2000		G	
b.											
c.											
d.											
Additional Descriptions for Materials Listed Above Water soluble oils 25 Lubricating oils 201 Hydraulic oils 801 Water 201 HAHQ36-00909						K. Handling Codes for Wastes Listed Above 01					
15. Special Handling Instructions and Additional Information GLOVES AND GOGGLES DEC 8 1986 Plant Engineering											
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.											
Printed/Typed Name H.R. KELLENBERGER						Signature <i>[Signature]</i>			Date Month Day Year 11 17 86		
17. Transporter 1 Acknowledgement of Receipt of Materials						Signature <i>[Signature]</i>			Date Month Day Year 11 17 86		
Printed/Typed Name <i>[Signature]</i>						Signature <i>[Signature]</i>			Date Month Day Year 11 17 86		
18. Transporter 2 Acknowledgement of Receipt of Materials						Signature			Date		
Printed/Typed Name						Signature			Date		
19. Discrepancy Indication Space											
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.											
Printed/Typed Name <i>[Signature]</i>						Signature <i>[Signature]</i>			Date Month Day Year 11 17 86		

8867- 654417

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UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address ALLIED CORPORATION-Bendix Electrodynamics division 11600 Sherman Way, N. Hollywood, CA 91605		C A D 0 0 8 3 2 5 3 3 4 1 0 0 0 2 8		A. State Manifest Document Number 84832012	
4. Generator's Phone (818) 765-1010				B. State Generator's ID CA00 08325334	
5. Transporter 1 Company Name DISPOSAL CONTROL SERVICE		6. US EPA ID Number C A T 0 8 0 0 3 4 1 8 4		C. State Transporter's ID 770334	
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone (800) 824-3345	
9. Designated Facility Name and Site Address TRIPLE J PACIFICATION FACILITY CORP. 3650 East 26th St Vernon, CA 90023		10. US EPA ID Number C A T 0 8 0 0 3 3 6 8 3		E. State Transporter's ID F. Transporter's Phone G. State Facility's ID H. Facility's Phone	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers		13. Total Quantity	
a. HAZARDOUS WASTE LIQUID ORME, NOS NA 9189		No. Type		Unit Wt/Vol	
		0 0 1 T T		2.500 G	
b.					
c.					
d.					
Additional Descriptions for Materials Listed Above Water soluble oils Lubricating oils Water		HAN036-009097 PER PROFILE DATED JULY 10, 1986		K. Handling Codes for Wastes Listed Above 01	
15. Special Handling Instructions and Additional Information GLOVES AND GOGGLES NOV 20 1986 Plant Engineering					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.					
Printed/Typed Name H.R. KELLENBERGER		Signature		Date Month Day Year 11 11 86	
17. Transporter 1 Acknowledgement of Receipt of Materials		Signature		Date Month Day Year 11 11 86	
Printed/Typed Name THOMAS A. STEWART		Signature		Date Month Day Year 11 11 86	
18. Transporter 2 Acknowledgement of Receipt of Materials		Signature		Date Month Day Year 11 11 86	
Printed/Typed Name		Signature		Date Month Day Year 11 11 86	
19. Discrepancy Indication Space					
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.					
Printed/Typed Name ARTURO PEREZ / TRIPLE J		Signature Arturo Perez		Date Month Day Year 11 11 86	

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. C A D 0 0 8 3 2 5 3 3 4	Manifest Document No. 0 0 0 2 5	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address ALLIED CORPORATION-Bendix Electrodynamics Division 11600 Sherman Way, N. Hollywood, CA 91605		6. US EPA ID Number C A D 0 0 8 3 0 2 9 0		A. State Manifest Document Number 84832009	
4. Generator's Phone (818) 765-1010				B. State Generator's ID CADO 08325334	
5. Transporter 1 Company Name OIL & SOLVENT PROCESS CO		6. US EPA ID Number C A D 0 0 8 3 0 2 9 0		C. State Transporter's ID 708712	
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone (818) 334-5117	
9. Designated Facility Name and Site Address OIL AND SOLVENT PROCESS CO 1704 First St. Azusa, CA 91702		10. US EPA ID Number C A D 0 0 8 3 0 2 9 0		E. State Transporter's ID F. Transporter's Phone G. State Facility's ID H. Facility's Phone	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol
a. WASTE FLAMMABLE LIQUID N O S UN 1993		0 0 1	D M	0 0 0 5 5	G
b. WASTE PAINT RELATED MATERIAL FLAMMABLE LIQUID NA1263		0 0 3	D M	0 0 1 6 5	G
c. WASTE III TRICHLOROETHANE ORMA UN 2831		0 0 6	D M	0 0 3 3 0	G
d.					
Additional Descriptions for Materials Listed Above a. 1- oil 80% Heptane 20% b. 1- varnish & paint solids 90%, thinners 10% 2-3 Paint waste c. 1-6 Trl-80% oil & grease 20%		K. Handling Codes for Wastes Listed Above A. 94 B. 99 C. 01			
15. Special Handling Instructions and Additional Information GLOVES AND GOGGLES		NOV 20 1986 Plant Engineering			
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.					
Printed/Typed Name R.J. Slatterbeck		Signature <i>[Signature]</i>		Date Month Day Year 1 0 2 8 8 6	
17. Transporter 1 Acknowledgement of Receipt of Materials		Signature <i>[Signature]</i>		Date Month Day Year 1 0 2 8 8 6	
18. Transporter 2 Acknowledgement of Receipt of Materials		Signature <i>[Signature]</i>		Date Month Day Year 1 0 2 8 8 6	
19. Discrepancy Indication Space					
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.					
Printed/Typed Name William R Walters		Signature <i>[Signature]</i>		Date Month Day Year 1 0 2 8 8 6	

8067-654417

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address		C A D 0 0 8 5 2 5 3 3 4 0 0 0 2 2		A. State Manifest Document Number 84832006	
ALLIED CORPORATION-Bendix Electrodynamics Division 11600 Sherman Way, N. Hollywood, CA 91605				B. State Generator's ID CADD 08325334	
4. Generator's Phone (818) 765-1010				C. State Transporter's ID 770 381	
5. Transporter 1 Company Name		6. US EPA ID Number		D. Transporter's Phone CAT080034184	
DISPOSAL CONTROL SERVICE		I C A T 0 8 0 0 3 4 1 8 4		E. State Transporter's ID (800) 824-3346	
7. Transporter 2 Company Name		8. US EPA ID Number		F. Transporter's Phone	
9. Designated Facility Name and Site Address		10. US EPA ID Number		G. State Facility's ID	
DEMENNO/KERDOON 2100 N. Alameda St. Compton, CA 90222		I C A T 0 8 0 0 1 3 3 5 2		H. State Facility's Phone	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol
a. WASTE PETROLEUM OIL N.O.S./COMBUSTIBLE LIQUIB UN 1270		0.0.1	T.T	02500	G
b.					
c.					
d.					
J. Additional Descriptions for Materials Listed Above		K. Handling Codes for Wastes Listed Above			
Water soluble oils < 2%		01			
Lubricating oils 20%					
Hydraulic oils 60%					
Water 20%					
15. Special Handling Instructions and Additional Information					
GLOVES AND GOGGLES					
NOV 10 1986					
Plant Engineering					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.					
Printed/Typed Name		Signature		Date	
R.J. SLATTERBECK		<i>[Signature]</i>		Month Day Year 11/06/86	
17. Transporter 1 Acknowledgement of Receipt of Materials		Signature		Date	
Printed/Typed Name		Signature		Month Day Year	
Joseph R. Tapia		<i>[Signature]</i>		11/06/86	
18. Transporter 2 Acknowledgement of Receipt of Materials		Signature		Date	
Printed/Typed Name		Signature		Month Day Year	
19. Discrepancy Indication Space					
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.					
Printed/Typed Name		Signature		Date	
F.M. TUDOR		<i>[Signature]</i>		Month Day Year 11/06/86	

8067-654417

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. C A D 0 0 8 3 2 5 3 3 4 0 0 0 2 0	Manifest Document No. 4 0 0 0 2 0	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address ALLIED CORPORATION-Bendix Electrodynamics Division 11600 Sherman Way, N. Hollywood, CA 91605		6. US EPA ID Number C A T 0 8 0 0 3 4 1 8 4		A. State Manifest Document Number 84832004	
4. Generator's Phone (818) 765-1010		8. US EPA ID Number		B. State Generator's ID CADD 08325314	
5. Transporter 1 Company Name DISPOSAL CONTROL SERVICE		10. US EPA ID Number C A T 0 8 0 0 3 3 6 8		C. State Transporter's ID 66357	
7. Transporter 2 Company Name		12. Containers No. Type		D. Transporter's Phone (800) 824-2348	
9. Designated Facility Name and Site Address TRIPLE J PACIFICATION FACILITY CORP. 3650 East 26th St. Vernon, CA 90023		13. Total Quantity 3800 G		E. State Transporter's ID	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) a. HAZARDOUS WASTE LIQUID O.R.M.E. NOS NA 9189 b. Hazardous Waste Liquid O.R.M.E. NOS NA 9189		14. Unit G		F. Transporter's Phone	
c.		15. Special Handling Instructions and Additional Information GLOVES AND GOGGLES SEP 10 1986 EPA Engineering		G. State Facility's ID	
d.		16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.		H. State Facility's Phone	
Additional Descriptions for Materials Listed Above Water soluble oils Lubrication oils Water		K. Handling Codes for Wastes Listed Above 01		I. State Facility's Phone	
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name R.J. Slatterbeck		Signature <i>R.J. Slatterbeck</i>		Date 09/12/86	
18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name JAMES LAURENCE		Signature <i>James Laurence</i>		Date 09/12/86	
19. Discrepancy Indication Space		20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.		Date	
Printed/Typed Name EDUARDO L. TORO		Signature <i>Eduardo L. Toro</i>		Date 09/12/86	

8067-652194

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of /	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address ALLIED CORPORATION-Bendix Electrodynamics Division 11600 Sherman Way, N. Hollywood, CA 91605		6. US EPA ID Number C A D 0 0 8 3 2 5 3 3		A. State Manifest Document Number 84832003	
4. Generator's Phone (818) 765-1010		8. US EPA ID Number C A D 0 0 8 3 0 2 9 0 3		B. State Generator's ID CADO 08325334	
5. Transporter 1 Company Name OIL & SOLVENT PROCESS CO.		10. US EPA ID Number C A D 0 0 8 3 0 2 9 0 3		C. State Transporter's ID 158212	
7. Transporter 2 Company Name		12. Containers		D. Transporter's Phone (818) 334-5112	
9. Designated Facility Name and Site Address OIL AND SOLVENT PROCESS CO 1704 First St. Azusa, CA 91702		13. Total Quantity		E. State Transporter's ID	
11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)		14. Unit Wt/Vol		F. Transporter's Phone	
a. WASTE FLAMMABLE LIQUID NOS UN 1203 1993		0 0 1 D R 0 0 0 5 0 G		G. State Facility's ID	
b. WASTE III TRICHLOROETHANE ORMA UN 2831		0 0 5 D R 0 0 2 5 0 G		H. Facility's Phone	
c. HAZARDOUS WASTE LIQUID NOS, ORME NA 9189		0 0 2 D R 0 0 1 0 0 G			
d. WASTE FLAMMABLE LIQUID NOS UN 1993		0 0 2 D R 0 0 1 0 0 G			
Additional Descriptions for Materials Listed Above 1. Paint Waste 60% varnish thinners 40% 2. 1,2,3,4,5 Tet 80% orthograde 20% 3. 1,2,3,4,5 Tet 80% flux 20% 4. 1,2,3,4,5 Tet 85% off 15%		K. Handling Codes for Wastes Listed Above			
15. Special Handling Instructions and Additional Information GLOVES AND GOGGLES Plant Engineering 60-8-8040 & 8037 & 8103		SEP 25 1986			
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.		Printed/Typed Name R.J. Slatterbeck		Signature [Signature]	
17. Transporter 1 Acknowledgement of Receipt of Materials		Printed/Typed Name ED GUERRERO		Signature [Signature]	
18. Transporter 2 Acknowledgement of Receipt of Materials		Printed/Typed Name		Signature	
19. Discrepancy Indication Space					
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.		Printed/Typed Name Betty PECKHA		Signature [Signature]	

UNIFORM HAZARDOUS
WASTE MANIFEST

1. Generator's US EPA ID No.

Manifest
Document No.2. Page 1
ofInformation in the shaded areas
is not required by Federal
law.

3. Generator's Name and Mailing Address

ALLIED CORPORATION-Bendix Electrodynamics Division
11600 Sherman Way, N. Hollywood, CA 91605

4. Generator's Phone ()

818 765-1010

5. Transporter 1 Company Name

DISPOSAL CONTROL SERVICE

7. Transporter 2 Company Name

9. Designated Facility Name and Site Address

DEMENNO/KERDOON
2100 N. Alameda St.
Compton, CA 90222

6. US EPA ID Number

C A T 0 8 0 0 3 4 1 8 A

8. US EPA ID Number

10. US EPA ID Number

C A T 0 8 0 0 1 3 3 5 2

A. State Manifest Document Number

84832002

B. State Generator's ID

C. State Transporter's ID

D. Transporter's Phone

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

H. Facility's Phone

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers

No.

Type

13. Total
Quantity14. Unit
Wt/Vol

15. Hazard Class

16. ID Number

a. WASTE PETROLEUM OIL N.O.S./COMBUSTIBLE LIQUID UN 1270

0 0 1

T T

2 5 0 0

G

b.

c.

d.

12. Additional Descriptions for Materials Listed Above

Water soluble oils < 2%

Lubricating oils 30%

Hydraulic oils 40%

Water 30%

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

GLOVES AND GOGGLES

AUG 21 1986

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.

Printed/Typed Name

R. J. SLATTERBECK

Signature

Date

Month Day Year

0 8 2 1 8 6

Date

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

Date

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

Date

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

JERON L. PAIGE

Signature

Jeron L. Paige

Date

Month Day Year

0 8 2 1 8 6

disposal control

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of	Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address ALLIED CORPORATION-Bendix Electrodynamics Division 11600 Sherman Way, N. Hollywood, CA 91605		C A D 0 0 8 3 2 5 3 3 4 0 0 0 1 7		A. State Manifest Document Number 84832001		
4. Generator's Phone (818) 765-1010		6. US EPA ID Number C A T 0 8 0 0 3 4 1 8 4		B. State Generator's ID C A D 0 0 8 3 2 5 3 3 4		
5. Transporter 1 Company Name DISPOSAL CONTROL SERVICE		8. US EPA ID Number		C. State Transporter's ID 66-254		
7. Transporter 2 Company Name		10. US EPA ID Number		D. Transporter's Phone (800) 824-3345		
9. Designated Facility Name and Site Address TRIPLE J PACIFICATION FACILITY CORP. 3650 East 26th St. Vernon, CA 90023		12. Containers		E. State Transporter's ID		
		13. Total Quantity		F. Transporter's Phone		
		14. Unit Wt/Vol		G. State Facility's ID A T O 1 1 1 6 8 1		
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		No.		Type		
a. WASTE PETROLEUM OIL N.O.S./COMBUSTIBLE LIQUID UN 1270		0 0 1		T T		0 4 1 0 0 G
b.						
c.						
d.						
Additional Descriptions for Materials Listed Above Water soluble oils Lubricating oils Water		K. Handling Codes for Wastes Listed Above O				
15. Special Handling Instructions and Additional Information JUL 24 1986 Gloves and goggles Plant Engineering						
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.						
Printed/Typed Name R.J. SLATTERBECK		Signature <i>R.J. Slatterbeck</i>		Date Month Day Year 6 7 2 1 8 6		
17. Transporter 1 Acknowledgement of Receipt of Materials		Signature <i>James Lawrence</i>		Date Month Day Year 6 7 2 1 8 6		
18. Transporter 2 Acknowledgement of Receipt of Materials		Signature		Date Month Day Year		
19. Discrepancy Indication Space ITEM 13. VOLUME EQUALS (3,285 GALLONS)						
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.						
Printed/Typed Name ANNELINE OSTERBERG/TRIPLE J		Signature <i>Anneline Osterberg</i>		Date Month Day Year 6 7 2 1 8 6		

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. C A D 0 0 8 3 2 5 3 3 4		Manifest Document No. 0 0 0 1 4		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.					
3. Generator's Name and Mailing Address ALLIED CORPORATION/Bendix Electrodynamics Division 11600 Sherman Way, N. Hollywood, CA 91605						A. State Manifest Document Number 84352698							
4. Generator's Phone (818) 765-1010						B. State Generator's ID CADO 08325334							
5. Transporter 1 Company Name DISPOSAL CONTROL SERVICE						C. State Transporter's ID 66369							
6. US EPA ID Number C A T 0 8 0 0 3 4 1 8 4						D. Transporter's Phone (818) 334-5117							
7. Transporter 2 Company Name						E. State Transporter's ID							
8. US EPA ID Number						F. Transporter's Phone							
9. Designated Facility Name and Site Address PACIFIC TREATMENT CORPORATION 2190 Main St. San Diego, CA 92113						G. State Facility's ID CADO 95894556							
10. US EPA ID Number I C A D 0 9 5 8 9 4 5 5 6						H. Facility's Phone (619) 233-0424							
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers		13. Total Quantity		14. Unit Wt/Vol		15. Waste No.	
a. HAZARDOUS WASTE LIQUID N.O.S., ORM-E, NA 9189						0 0 1 T T		0 3 7 0 0 G				222	
b.													
c.													
d.													
J. Additional Descriptions for Materials Listed Above						K. Handling Codes for Wastes Listed Above							
oils, water soluble 14%						01							
oils, lubricating 3%													
water 83%													
15. Special Handling Instructions and Additional Information GLOVES AND GOGGLES JUN 1 1986													
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.													
Printed/Typed Name R. SLATTERBECK						Signature <i>[Signature]</i>						Date Month Day Year 6 6 8 6	
17. Transporter 1 Acknowledgement of Receipt of Materials												Date	
Printed/Typed Name MIKE MCANAMA						Signature <i>[Signature]</i>						Month Day Year 6 6 8 6	
18. Transporter 2 Acknowledgement or Receipt of Materials												Date	
Printed/Typed Name						Signature						Month Day Year	
19. Discrepancy Indication Space													
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.													
Printed/Typed Name NICK VENT						Signature <i>[Signature]</i>						Date Month Day Year 6 6 1 0 4 8 6	

8067-650946

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. C A D 0 0 8 3 2 5 3 3 4	Manifest Document No. 0 0 0 1 6	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address ALLIED CORPORATION-Bendix Electrodynamics Division 11600 Sherman Way, N. Hollywood, CA 91605				A. State Manifest Document Number 84352699	
4. Generator's Phone (818) 765-1010				B. State Generator's ID CADO 08325334	
5. Transporter 1 Company Name DISPOSAL CONTROL SERVICE		6. US EPA ID Number C A T 0 8 0 0 3 4 1 8 4		C. State Transporter's ID 66369	
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone (800) 824-3345	
9. Designated Facility Name and Site Address DEMENNO/KERDOON 2100 N. Alameda St. Compton, CA 90222		10. US EPA ID Number C A T 0 8 0 0 1 3 3 5 2		E. State Transporter's ID	
				F. Transporter's Phone	
				G. State Facility's ID CATO 80013352	
				H. Facility's Phone (213) 537-7100	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers		13. Total Quantity	14. Unit Wt/Vol
a. WASTE PETROLEUM OIL N.O.S./COMBUSTIBLE LIQUID UN 1270		No.	Type		
b.					
c.					
d.					
J. Additional Descriptions for Materials Listed Above				K. Handling Codes for Wastes Listed Above	
Water soluble oils 3%				01	
Lubricating oils 67%					
Water 30%					
15. Special Handling Instructions and Additional Information GLOVES AND GOGGLES					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.					
Printed/Typed Name R. SLATTERBECK		Signature		Date Month Day Year 0 6 / 1 2 / 8 6	
17. Transporter 1 Acknowledgement of Receipt of Materials		Signature		Date	
Printed/Typed Name		Signature		Month Day Year	
18. Transporter 2 Acknowledgement or Receipt of Materials		Signature		Date	
Printed/Typed Name		Signature		Month Day Year	
19. Discrepancy Indication Space					
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.					
Printed/Typed Name ERIC CUDDEBACK		Signature Eric Cuddeback		Date Month Day Year 6 / 1 2 / 8 6	

1987 MANIFESTS

**UNIFORM HAZARDOUS
WASTE MANIFEST**

1. Generator's US EPA ID No.

Manifest
Document No.

Page 1
of 1

Information in the shaded areas
is not required by Federal law.

3. Generator's Name and Mailing Address

ALLIED CORPORATION - Bendix Electrodynamics Division
11000 Sherman Way, N. Hollywood, CA 91605

4. Generator's Phone (310)

765-1010

5. Transporter 1 Company Name

DISPOSAL CONTROL SERVICE

6.

US EPA ID Number

10A1101810101341184

7. Transporter 2 Company Name

8.

US EPA ID Number

9. Designated Facility Name and Site Address

CHEMICAL WASTE MANAGEMENT
35251 Skyline Road
Kettleman City, CA 93239

10.

US EPA ID Number

10A1101810101341184

A. State Manifest Document Number

87238120

B. State Generator's ID

10A11013161010191017

C. State Transporter's ID

809885

D. Transporter's Phone

(800) 824-3345

E. State Transporter's ID

807878

F. Transporter's Phone

G. State Facility's ID

10A1101006461117

H. Facility's Phone

800-222-2964

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers
No. Type

13. Total
Quantity

14. Unit
Wt/Vol

Waste No.

a. RQ HAZARDOUS WASTE SOLID ORME NA 9189
(E.P.A. TOXICITY)

0 10 15 D IF

1-1/4

Y

State 181

EPA/Other
D006, 7, 8

b. WASTE CORROSIVE LIQUID NOS CORROSIVE MATERIAL
UN 1760 (D002, D006, D007)

0 0 1 D M

0 0 0 5 0

G

State 792

EPA/Other
D002, 6, 7

c. RQ WASTE CORROSIVE LIQUID NOS, CORROSIVE MATERIAL
UN 1760 (D002, D007)

0 0 4 D M

0 0 2 0 0

G

State 792

EPA/Other
D002, D007

J. Additional Descriptions for Materials Listed Above

- a) Waste Chromic filter cakes
b) Waste sulfuric acid
c) Waste Wyandotte -Chromic acid 10% Sodium bisulfate 80%

K. Handling Codes for Wastes Listed Above

a. 03

b. 16

c. 16

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

NOV 13 1987

Plant Engineering

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name

M. McLaughlin

Signature

M. McLaughlin

Month Day Year

11 12 1987

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

WAYNE E PARKER

Signature

Wayne E Parker

Month Day Year

11 12 1987

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

JOHN HENNING

Signature

John Henning

Month Day Year

11 12 1987

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

STEPHEN TERRY

Signature

Stephen Terry

Month Day Year

11 12 1987

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

GENERATOR

TRANSPORTER

FACILITY



STATE OF ARKANSAS
Department of Pollution Control and Ecology
P. O. Box 9583 Little Rock, Arkansas 72219
Telephone 501-562-7444

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039. Expires 9-30-88

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. C1A1D101018131215131410101313		Manifest Document No.		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address ALLIED CORPORATION/Bendix Electrodynamics Division 11600 Sherman Way, N. Hollywood, CA 91605						A. State Manifest Document Number AR-166156			
4. Generator's Phone (818) 765-1010						B. State Generator's ID			
5. Transporter 1 Company Name DISPOSAL CONTROL SERVICE						6. US EPA ID Number C1A1T101810101314111814		C. State Transporter's ID H-376/P.C.1044	
7. Transporter 2 Company Name						8. US EPA ID Number		D. Transporter's Phone 714-983-0342	
9. Designated Facility Name and Site Address ENSCO INC. AMERICAN ROAD EL DORADO, AR 71730						10. US EPA ID Number 1A1R1D101619171418111912		E. State Transporter's ID	
								F. Transporter's Phone	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers No. Type		13. Total Quantity	
a. SOLID ^{MC} HAZARDOUS WASTE LXQX NOS ORM-E NA9189						0 0 1 D M O 0 0 5 0		G	
b.									
c.									
d.									
J. Additional Descriptions for Materials Listed Above PAINT STRIPPING WASTE SEE ATTACHE MSDS TURCO 5351						K. Handling Codes for Wastes Listed Above Sharon Jones 714-983-0342			
if no alternate TSDF, return to generator									
15. Special Handling Instructions and Additional Information PROFILE # 54540 WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT									
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and Arkansas state regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.									
Printed/Typed Name M. CALVERT						Signature M. Calvert		Month Day Year 10 9 2 1 8	
17. Transporter 1 Acknowledgement of Receipt of Materials									
Printed/Typed Name Terry Hernandez						Signature Terry Hernandez		Month Day Year 10 9 2 1 8	
18. Transporter 2 Acknowledgement of Receipt of Materials									
Printed/Typed Name Joseph R. Tapia						Signature Joseph R. Tapia		Month Day Year 10 9 2 2 1 8	
19. Discrepancy Indication Space 11A-217#									
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.									
Printed/Typed Name T. Williamson						Signature T. Williamson		Month Day Year 10 9 2 5 8	

DRUM # 7	MANIFEST #	PROFILE # 53568	BENDIV
WASTE FLAMMABLE LIQUID NO.		FLAMMABLE LIQUID	
DOT PROPER SHIPPING NAME:		HAZARD CLASS:	1993
EPA WASTE CODE: D001	NAME OF PACKAGER:	CONTAINER TYPE: 55-GAL DRUM	

CONTAINER INVENTORY

#	WASTE IDENTIFICATION		CONTAINERS			OTHER INFORMATION
	CHEMICAL NAME	EPA WASTE CODE	#	SIZE	TYPE	
1	KESTER SOLDER		5	1		
2	Resin & Butyl Alcohol		10	1		
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
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22						
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27						
28						
29						
30						

DRUM # 1	MANIFEST #	PROFILE # 53508 BENDIX
WASTE Flammable Liquid NOS DOT PROPER SHIPPING NAME:		Flammable Liquid HAZARD CLASS: 3
EPA WASTE CODE: D001	NAME OF PACKAGER:	CONTAINER TYPE: 55-KA1 DRUM

CONTAINER INVENTORY						
#	WASTE IDENTIFICATION		CONTAINERS		OTHER INFORMATION	
	CHEMICAL NAME	EPA WASTE CODE	#	SIZE	TYPE	
1	n. Butyl Alcohol Butyl Alcohol		3	5		
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
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24						
25						
26						
27						
28						
29						
30						

DRUM # 5	MANIFEST #	PROFILE # 53500 BENDIX
WASTE: Flammable Liquid NOS DOT PROPER SHIPPING NAME:		Flammable Liquid HAZARD CLASS: 2 / NA = 1993
EPA WASTE CODE: D001	NAME OF PACKAGER:	CONTAINER TYPE: 55 GAL DRUM

CONTAINER INVENTORY

#	WASTE IDENTIFICATION		CONTAINERS			OTHER INFORMATION
	CHEMICAL NAME	EPA WASTE CODE	#	SIZE	TYPE	
1	n. Propyl Alcohol Butyl Alcohol		3	5		
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
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28						
29						
30						

DRUM # 4/	MANIFEST #	PROFILE # 5356 BENDIX
WASTE Flammable Liquids NOS NOT PROPER SHIPPING NAME:		Flammable Liquids HAZARD CLASS: 6/NA # 1993
EPA WASTE CODE: D001	NAME OF PACKAGER:	CONTAINER TYPE: 55-GAL DRUM

CONTAINER INVENTORY						
#	WASTE IDENTIFICATION		CONTAINERS			OTHER INFORMATION
	CHEMICAL NAME	EPA WASTE CODE	#	SIZE	TYPE	
1	n. Propyl Alcohol Butyl Alcohol		3	5		
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
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28						
29						
30						

RCM # 3	MANIFEST #	PROFILE # 5356	BENDIX
WASTE Flammable Liquid NOS		Flammable Liquid	
DOT PROPER SHIPPING NAME:		HAZARD CLASS:	
EPA WASTE CODE: D001	NAME OF PACKAGER:	CONTAINER TYPE: 55-GAL DRUM	

CONTAINER INVENTORY

#	WASTE IDENTIFICATION		CONTAINERS			OTHER INFORMATION
	CHEMICAL NAME	EPA WASTE CODE	#	SIZE	TYPE	
1	n. Butyl Alcohol Butyl Alcohol		3	5		
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
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DRUM # <u>2</u>	MANIFEST # _____	PROFILE # <u>5356</u> <u>BENDIX</u>
WASTE <u>Flammable Liquid NOS</u>		Flammable Liquid
DOT PROPER SHIPPING NAME: _____		HAZARD CLASS: <u>UNNA #1993</u>
EPA WASTE CODE: <u>D001</u>	NAME OF PACKAGER: _____	CONTAINER TYPE: <u>55 GAL DRUM</u>

CONTAINER INVENTORY

#	WASTE IDENTIFICATION		CONTAINERS			OTHER INFORMATION
	CHEMICAL NAME	EPA WASTE CODE	#	SIZE	TYPE	
1	n. Butyl Alcohol Butyl Alcohol		3	5		
2						
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DRUM # 1	MANIFEST #	PROFILE # 52568 Bendiv
WASTE: Flammable Liquid NOS		HAZARD CLASS: Flammable Liquid
DOT PROPER SHIPPING NAME:		QTY: 199.3
EPA WASTE CODE: D001	NAME OF PACKAGER:	CONTAINER TYPE: 55-GAL DRUM

CONTAINER INVENTORY

#	WASTE IDENTIFICATION		CONTAINERS		OTHER INFORMATION
	CHEMICAL NAME	EPA WASTE CODE	#	SIZE	
1	n-Propyl Alcohol Butyl Alcohol		3	5	
2					
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(Please print or type with ELITE type (12 characters per inch))

STATE ID NUMBER

CONTINUATION SHEET Allied Bendix

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER HA HQ 36 009097

THIS IS CONTINUATION SHEET 2 OF 2

CAID10108325334

[illegible]



STATE OF ARKANSAS
Department of Pollution Control and Ecology
P. O. Box 9583 Little Rock, Arkansas 72219
Telephone 501-562-7444

#32068

1

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039. Expires 9-30-88

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.		Manifest Document No.		2. Page 1 of 8		Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address BENDIX - ELECTRODYNAMICS 11600 Sherman Way, N. Hollywood, CA 91605		4. Generator's Phone (818) 503-3442		6. US EPA ID Number C A T 0 8 0 0 3 4 1 8 4		A. State Manifest Document Number AR-164437		B. State Generator's ID	
5. Transporter 1 Company Name DISPOSAL CONTROL SERVICE, INC.		7. Transporter 2 Company Name		8. US EPA ID Number		C. State Transporter's ID H376/P.C.1044		D. Transporter's Phone (714) 983-0342	
9. Designated Facility Name and Site Address ENSCO, INC. American Road El Dorado, AR 71730		10. US EPA ID Number A R D 0 6 9 7 4 8 1 9 2		12. Containers No. Type		13. Total Quantity		14. Unit Wt/Vol	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) a. WASTE FLAMMABLE LIQUID, N.O.S. FLAMMABLE LIQUID UN1993				0 0 7 D M		1.7 5 Y		D001	
b.									
c.									
d.									
J. Additional Descriptions for Materials Listed Above See attached inventory sheets		K. Handling Codes for Wastes Listed Above							
if no alternate TSDF, return to generator		AUG 18 1987							
15. Special Handling Instructions and Additional Information Gloves & Goggles WMDS #53568		Plant Engineering							
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and Arkansas state regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.		Printed/Typed Name Mary Calvert		Signature Mary Calvert		Month Day Year 0 7 2 1 8 7			
17. Transporter 1 Acknowledgement of Receipt of Materials		Printed/Typed Name ANDREW DIWA PASSARELLI		Signature Andrew Diwa Passarelli		Month Day Year 0 7 2 1 8 7			
18. Transporter 2 Acknowledgement of Receipt of Materials		Printed/Typed Name		Signature		Month Day Year			
19. Discrepancy Indication Space									
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.		Printed/Typed Name DELTON WASHBURN		Signature Delton Washburn		Month Day Year 0 7 2 4 8 7			

Please print or type. (Form designed for use on elite pitch typewriter).

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address ALLIED CORPORATION/Bendix Electrodynamics Division 11500 Sherman Way, N. Hollywood, CA 91605		4. Generator's Phone (310) 765-1010		A. State Manifest Document Number 87238114	
5. Transporter 1 Company Name DISPOSAL CONTROL SERVICE		6. US EPA ID Number 1C A T 0 1 0 1 0 1 3 1 4 1 8 4		B. State Generator's ID H I A H 0 3 6 0 0 9 0 9 7	
7. Transporter 2 Company Name		8. US EPA ID Number		C. State Transporter's ID 710301	
9. Designated Facility Name and Site Address CASHALIA RESOURCE MANAGEMENT NTU ROAD CASHALIA, CA 93429		10. US EPA ID Number 1C A D 0 2 0 7 4 8 1 2 5		D. Transporter's Phone (800) 824-3345	
				E. State Transporter's ID 710309	
				F. Transporter's Phone	
				G. State Facility's ID C A D 0 2 0 7 4 8 1 2 5	
				H. Facility's Phone (805) 937-8449	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No.	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. WASTE CORROSIVE SOLID N.O.S. CORROSIVE MATERIAL UN 1759		1	2-1/2	Y	State 181 EPA/Other 0002
b.					State EPA/Other
c.					State EPA/Other
d.					State EPA/Other
J. Additional Descriptions for Materials Listed Above CHROME CAKES FROM CHROME REDUCTION PROCESS Ph 9-10		K. Handling Codes for Wastes Listed Above a. 03 b. c. d.			
15. Special Handling Instructions and Additional Information USE APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.					
Printed/Typed Name MARV CALVERT		Signature <i>Marv Calvert</i>		Month Day Year 10/7/87	
17. Transporter 1 Acknowledgement of Receipt of Materials					
Printed/Typed Name Michael B. Van Alstine		Signature <i>Michael B. Van Alstine</i>		Month Day Year 10/7/87	
18. Transporter 2 Acknowledgement of Receipt of Materials					
Printed/Typed Name TERRY HERNANDEZ		Signature <i>Terry Hernandez</i>		Month Day Year 10/7/87	
19. Discrepancy Indication Space					
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.					
Printed/Typed Name TERRY HERNANDEZ		Signature <i>Terry Hernandez</i>		Month Day Year 10/7/87	

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

GENERATOR

TRANSPORTER

FACILITY

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address ALLIED CORPORATION/Bendix Electrodynamics Division 11600 Sherman Way, N. Hollywood, CA 91605		6. US EPA ID Number CA1D101012131215131314		A. State Manifest Document Number 87238112	
4. Generator's Phone (818) 765-1010		7. Transporter 1 Company Name DISPOSAL CONTROL SERVICE		B. State Generator's ID CA1D101012131215131314	
5. Transporter 1 Company Name DISPOSAL CONTROL SERVICE		8. US EPA ID Number GAT0810101341184		C. State Transporter's ID CA1D101012131215131314	
7. Transporter 2 Company Name		8. US EPA ID Number		E. State Transporter's ID	
9. Designated Facility Name and Site Address CASMALIA RESOURCE MANAGEMENT NTU ROAD CASMALIA, CA 93429		10. US EPA ID Number CA1D101012101714181125		G. State Facility's ID CA1D101012101714181125	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers		13. Total Quantity	
a. WASTE CORROSIVE SOLID N.O.S. CORROSIVE MATERIAL UN 1759		No. Type 01119-0-F		4 3/4	
b.				14. Unit Y	
c.				15. Waste No. 181	
d.				EPA/Other 0002	
J. Additional Descriptions for Materials Listed Above CHROME CAKES FROM CHROME REDUCTION PROCESS		K. Handling Codes for Wastes Listed Above a. 03		b.	
15. Special Handling Instructions and Additional Information USE APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT		DRUMS ORIGINALLY MANIFESTED ON #87238109			
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.					
Printed/Typed Name M. CALVERT		Signature M. Calvert		Month Day Year 10/6/12/19/17	
17. Transporter 1 Acknowledgement of Receipt of Materials					
Printed/Typed Name MICHAEL E. VAN ALSTINE		Signature Michael E. Van Alstine		Month Day Year 10/6/22/18/17	
18. Transporter 2 Acknowledgement of Receipt of Materials					
Printed/Typed Name		Signature		Month Day Year	
19. Discrepancy Indication Space					
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.					
Printed/Typed Name Judy M. Blaume		Signature Judy M. Blaume		Month Day Year 10/12/17	

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

GENERATOR

TRANSPORTER

FACILITY

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.

C A I D 0 1 0 1 3 1 3 1 2 5 3 3 4

Manifest Document No.

0 1 0 1 0 1 2 1 3

Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address

ALLIED CORPORATION/Bendix Electrodynamics Division
116 00 Sherman Way, N. Hollywood, CA 91605

4. Generator's Phone (818) 765-1010

5. Transporter 1 Company Name

DISPOSAL CONTROL SERVICE

6. Transporter's US EPA ID Number

C A T 0 8 0 0 3 4 1 2 8 4

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

CASMALIA RESOURCE MANAGEMENT
NTU ROAD
CASMALIA, CA 93429

10. US EPA ID Number

C A I D 0 2 0 7 4 8 1 2 5

A. State Manifest Document Number

87238105

B. State Generator's ID

C A I H A H Q 3 6 0 0 9 0 9 7

C. State Transporter's ID

710301

D. Transporter's Phone

(800) 824-3345

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

C A I D 0 2 0 7 4 8 1 2 5

H. Facility's Phone

(805) 937-8449

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

a. WASTE CORROSIVE SOLID N.O.S. CORROSIVE MATERIAL
UN1759

12. Containers
No. Type

0 1 0 1 3 D M

13. Total Quantity

.75

14. Unit
Wt/Vol

Y

I. Waste No.

State 181
EPA/Other 0002

J. Additional Descriptions for Materials Listed Above

a. 1&2 Compound 1000 Chromic Acid Powder (drums 1&2)
a. 3 HC-20 Chromic Acid Powder (drum #3)
Solidified vermiculite in poly lined drums

K. Handling Codes for Wastes Listed Above

a. 03
c.

b.
d.

15. Special Handling Instructions and Additional Information

USE APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

JUN 24 1987

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name

H. R. KELLENBERGER

Signature

H. R. Kellenberger

Month Day Year

10 6 0 4 8 7

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

ANDREW DINO PASSARELLI

Signature

Andrew Dino Passarelli

Month Day Year

10 6 0 4 8 7

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

10 6 0 4 8 7

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

Printed/Typed Name

Casmalia Resource Management

Signature

John R. Kellenberger

Month Day Year

10 6 0 4 8 7

DRUM # <u>34</u>	MANIFEST # <u> </u>	PROFILE # <u> </u>	CAS <u> </u>
WASTE CORROSIVE SOLID NOS DOT PROPER SHIPPING NAME: <u> </u>		HAZARD CLASS: <u>CORR MAT</u> UN/NA # <u>1759</u>	
EPA WASTE CODE: <u>D001/141</u>	NAME OF PACKAGER: <u> </u>	CONTAINER TYPE: <u>85 gal</u>	

CONTAINER INVENTORY

#	WASTE IDENTIFICATION		CONTAINERS			OTHER INFORMATION
	CHEMICAL NAME	EPA WASTE CODE	#	SIZE	TYPE	
1	Alkaline Cleaner (EMPTY)		1	55 G	DM	SOLIDIFIED OUT-PACK
2						
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DRUM # 30	MANIFEST #	PROFILE #	CAS
WASTE POISONOUS SOLID, NOS DOT PROPER SHIPPING NAME:		HAZARD CLASS: POISON B	UN/NA # 2811
EPA WASTE CODE: 141	NAME OF PACKAGER:		CONTAINER TYPE: 55 GDM

CONTAINER INVENTORY

#	WASTE IDENTIFICATION		CONTAINERS		OTHER INFORMATION
	CHEMICAL NAME	EPA WASTE CODE	#	SIZE	
1	Cyanide Salts			100 lb	
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3					
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11					
12					
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DRUM # 25	MANIFEST #	PROFILE #	CAS
WASTE CORROSIVE SOLID, NOS		HAZARD CLASS: Cor2. MAT	UN/NA # 1759
DOT PROPER SHIPPING NAME:			
EPA WASTE CODE: D002	NAME OF PACKAGER:	CONTAINER TYPE: 85 G DM	

CONTAINER INVENTORY

#	WASTE IDENTIFICATION		CONTAINERS		OTHER INFORMATION
	CHEMICAL NAME	EPA WASTE CODE	#	SIZE	
1	Ammonium Hydroxide		1	30g	
2	(30 gal in a 55 gal poly Drum solidified and overpacked.				
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DRUM # 24	MANIFEST # 1	PROFILE # 1	CAS
WASTE POISONOUS SOLID, NOS		HAZARD CLASS: POISON B	UN/NA #2811
DOT PROPER SHIPPING NAME:			
EPA WASTE CODE: 141	NAME OF PACKAGER:	CONTAINER TYPE: 55 G DM	

CONTAINER INVENTORY

#	WASTE IDENTIFICATION		CONTAINERS			OTHER INFORMATION
	CHEMICAL NAME	EPA WASTE CODE	#	SIZE	TYPE	
1	Copper Additive		1	5 G	PLASTIC	CYANIDE unopened, out of date material
2	Teflon Coating		1	G	"	
3						
4						
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DRUM # R 23	MANIFEST #	PROFILE #	CAS
WASTE POISONOUS SOLID, NOS		HAZARD CLASS: POISON B	UN/NA # 2011
DOT PROPER SHIPPING NAME:			
EPA WASTE CODE: 141	NAME OF PACKAGER:	CONTAINER TYPE: 55 G DM	

CONTAINER INVENTORY

#	WASTE IDENTIFICATION		CONTAINERS			OTHER INFORMATION
	CHEMICAL NAME	EPA WASTE CODE	#	SIZE	TYPE	
1	<i>Copper Additive</i>		<i>9</i>	<i>16</i>	<i>Plastic</i>	<i>Cyanide</i>
2						
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DRUM # 22	MANIFEST #	PROFILE #	CAS
WASTE CORROSIVE SOLID NOS		HAZARD CLASS: CORR MAT	UN/NA #1759
DOT PROPER SHIPPING NAME:		EPA WASTE CODE: D02	CONTAINER TYPE: 55 GDM
NAME OF PACKAGER:			

CONTAINER INVENTORY

#	WASTE IDENTIFICATION		CONTAINERS			OTHER INFORMATION
	CHEMICAL NAME	EPA WASTE CODE	#	SIZE	TYPE	
1	Hydrofluoric Acid ✓		13	6	Plastic	
2						
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DRUM # A21	MANIFEST #	PROFILE #	CAS
WASTE CORROSIVE SOLID NOS DOT PROPER SHIPPING NAME:		HAZARD CLASS: CONC MAT	UN/NA # 1759
EPA WASTE CODE: D002	NAME OF PACKAGER:	CONTAINER TYPE: SSG DM	

CONTAINER INVENTORY

#	WASTE IDENTIFICATION		CONTAINERS			OTHER INFORMATION
	CHEMICAL NAME	EPA WASTE CODE	#	SIZE	TYPE	
1	TARNISH Preventor		1	5G	Plastic	ACID
2	Copper Lume		7	1G	Plastic	ACID
3						
4						
5						
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DRUM # <u>A 20</u>	MANIFEST # <u></u>	PROFILE # <u></u>	CAS <u></u>
WASTE CORROSIVE SOLID, NOS			
DOT PROPER SHIPPING NAME:		HAZARD CLASS: <u>Corr. MAT</u>	UN/NA # <u>1759</u>
EPA WASTE CODE: <u>D002</u>	NAME OF PACKAGER: <u></u>	CONTAINER TYPE: <u>SS G DM</u>	

CONTAINER INVENTORY

#	WASTE IDENTIFICATION		CONTAINERS			OTHER INFORMATION
	CHEMICAL NAME	EPA WASTE CODE	#	SIZE	TYPE	
1	Acidic Nickel Solution		1	56	Plastic	
2	Chromic AND Nitric Acid		3	6	Plastic	NITRIC < 37%
3						
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DRUM # 7	MANIFEST #	PROFILE #	CAS
WASTE CERROSIVE SOLID, NOS		HAZARD CLASS: CORR MAT	UN/NA # 1759
DOT PROPER SHIPPING NAME:		NAME OF PACKAGER:	CONTAINER TYPE: 55 gal DM
EPA WASTE CODE: D002/141			

CONTAINER INVENTORY

#	WASTE IDENTIFICATION		CONTAINERS			OTHER INFORMATION
	CHEMICAL NAME	EPA WASTE CODE	#	SIZE	TYPE	
1	Solidified Nitric Acid			20 G		
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DRUM #	MANIFEST #	PROFILE #	CAS
DOT PROPER SHIPPING NAME:		HAZARD CLASS:	UN/NA #
EPA WASTE CODE:	NAME OF PACKAGER:	CONTAINER TYPE:	

CONTAINER INVENTORY

#	WASTE IDENTIFICATION		CONTAINERS			OTHER INFORMATION
	CHEMICAL NAME	EPA WASTE CODE	#	SIZE	TYPE	
1	Drum # 1-6	WASTE CORROSIVE SOLID, NOS; CORR MAT'L				UN 1759
2	20 gal Phosphoric Acid	D002/141				
3	(Solidified)					
4						
5	Drum # 8, 39	WASTE CORROSIVE SOLID, NOS; CORR MAT'L				UN 1759
6	20 gal Dilute hydrochloric Acid	D002/141				
7	(Solidified)					
8						
9	Drum # 26-29	WASTE POISONOUS SOLID, NOS; POISON B				UN 2811
10	30 lb Cyanide Salts of Potassium AND Sodium					141
11						
12	Drum # 10, 11	WASTE CORROSIVE SOLID, NOS; CORR MAT'L				UN 1759
13	20 gal Copper Ammonium Nitrate	D002/141				
14	(Solidified)					
15	Drum # 31-33	WASTE CORROSIVE SOLID, NOS; CORR MAT'L				UN 1759
16	20 gal Alkaline cleaner	D002/141				
17	(Solidified)					
18	Drum # 12-18	WASTE POISONOUS SOLID, NOS; POISON B				UN 2811
19	Potassium Cyanide	20g 141				
20	(Solidified)					
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UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of 12	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address ALLIED CORPORATION-Bendix Electrodynamics Division 11600 Sherman Way, N. Hollywood, CA 91605		6. US EPA ID Number 10A1010181312151314		A. State Manifest Document Number 07238103	
4. Generator's Phone (818) 765-1010		10. US EPA ID Number		B. State Generator's ID 1H1A1H101316101019101917	
5. Transporter 1 Company Name DISPOSAL CONTROL SERVICE		8. US EPA ID Number 10A10101810101314111814		C. State Transporter's ID 710301	
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone (800) 824-3345	
9. Designated Facility Name and Site Address CASMALIA RESOURCE MANAGEMENT NTU ROAD CASMALIA, CA 93429		10. US EPA ID Number 10A10012101714181126		E. State Transporter's ID 710313	
				F. Transporter's Phone	
				G. State Facility's ID 10A1010121017141811215	
				H. Facility's Phone (805) 937-8449	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No.	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. WASTE POISONOUS SOLID, N.O.S., POISON B UN 2811		01115	3.75	Y	State 141 EPA/Other N/A
b. WASTE CORROSIVE SOLID, N.O.S., CORROSIVE MATERIAL UN1759		01119	4.75	Y	State 141 EPA/Other 0002
c. GENERATOR COPY Return To Generator					State EPA/Other
d.					State EPA/Other
J. Additional Descriptions for Materials Listed Above		K. Handling Codes for Wastes Listed Above			
a. and b. - SEE ATTACHED CONTINUATION SHEETS		a. 03		b. 03	
		c.		d.	
15. Special Handling Instructions and Additional Information EXTREMELY HAZARDOUS WASTE DISPOSAL PER MIT #3-9441 USE APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.					
Printed/Typed Name HUGH KELLENBERGER		Signature <i>Hugh Kellenberger</i>		Month Day Year 03 22 87	
17. Transporter 1 Acknowledgement of Receipt of Materials					
Printed/Typed Name JAMES C. WECKERLE		Signature <i>James C. Weckerle</i>		Month Day Year 10 5 21 87	
18. Transporter 2 Acknowledgement of Receipt of Materials					
Printed/Typed Name JOSEPH R. TAPIA		Signature <i>Joseph R. Tapia</i>		Month Day Year 10 5 21 87	
19. Discrepancy Indication Space JUN 16 1987					
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.					
Printed/Typed Name COSMALIA RESOURCES Robert Payne		Signature <i>Robert Payne</i>		Month Day Year 05 16 87	

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

CONTINUATION SHEET

ENSCO

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER

THIS IS CONTINUATION SHEET _____ OF _____

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS	UN/NA NUMBER	TOTAL QUANTITY	UNIT WT/VOL	CONTAINER NO. TYPE	WASTE CAT. NO.
1. Drum #1; Waste Flammable Liquid, NOS; Flammable Liquid	UN1191913	0100215	Y	0011000	D101011
Down Corrosing 200 Fluid (Dimethyl- polysiloxane)		0100015	Grl.		D101011
N-tetrolene		0100011	Grl.		D101011
Heptane		0100011	Grl.		D101011
Microflex Lacquer Reducer		0100011	Grl.		D101011
Microshield Stop Off Lacquer		0100011	Grl.		D101011
Lacquer Reducer		0100011	Grl.		D101011
Columbia Duplicating Fluid (5x1 Grl.)		0100015	Grl.		D101011
2. Drum #2; Waste Flammable Liquid, NOS Flammable Liquid	UN1191913	0100215	Y	0011000	D101011
Dolph's Varnish (5x1 Grl.)		0100015	Grl.		D101011
Columbia duplicating fluid (10x1 Grl.)		0100110	Grl.		D101011
3. Drum #3; Waste Flammable Liquid, NOS; Flammable Liquid	UN1191913	0100110	Y	0011000	D101011
Columbia Duplicating Fluid		0100101	Grl.		D101011
4. Drum #4; Waste Flammable Liquid, NOS; Flammable Liquid	UN1191913	0100110	Y	0011000	D101011
Columbia Duplicating Fluid		0100101	Grl.		D101011
5. Drum #5; Waste Flammable Liquid, NOS; Flammable Liquid	UN1191913	0100110	Y	0011000	D101011
Conrap (contains a photochemical reactive solvent) 4x1 qt.		0100014	gts		D101011



STATE OF ARKANSAS
Department of Pollution Control and Ecology
P. O. Box 9583 Little Rock, Arkansas 72219
Telephone 501-562-7444

14 30048

RR# 496

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039. Expires 9-30-88

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. C A D 0 0 8 3 2 5 3 3 4 0 0 0 0 6		Manifest Document No.		2. Page 1 of 2		Information in the shaded areas is not required by Federal law.					
3. Generator's Name and Mailing Address Allied Corporation - Bendix Electrodynamics Division 11600 Sherman Way North Hollywood, California 91605						A. State Manifest Document Number AR-109650							
4. Generator's Phone (818) 765-1010						B. State Generator's ID							
5. Transporter 1 Company Name DISPOSAL CONTROL SERVICE, INC.						6. US EPA ID Number C A T 0 8 0 0 3 4 1 8 4		C. State Transporter's ID H-376/P.C. 1044					
7. Transporter 2 Company Name						8. US EPA ID Number		D. Transporter's Phone (714) 983-0342					
9. Designated Facility Name and Site Address ENSCO, INC. American Road El Dorado, AR 71730						10. US EPA ID Number A R D 0 6 9 7 4 8 1 9 2		E. State Transporter's ID					
								F. Transporter's Phone					
								G. State Facility's ID					
								H. Facility's Phone (501) 863-7173					
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers No. Type		13. Total Quantity		14. Unit Wt/Vol		15. Waste No.	
a. Waste Flammable Liquid, N.O.S. Flammable Liquid HNXX UN1993						0 0 5 DM		1 1/2		Y		D001	
b.													
c.													
d.													
J. Additional Descriptions for Materials Listed Above See attached continuation sheets						K. Handling Codes for Wastes Listed Above							
if no alternate TSDF, return to generator													
15. Special Handling Instructions and Additional Information Gloves & Goggles WMDS #17422													
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and Arkansas state regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.													
Printed/Typed Name M. CALVERT						Signature <i>M. Calvert</i>		Month 03		Day 19		Year 87	
17. Transporter 1 Acknowledgement of Receipt of Materials													
Printed/Typed Name WAYNE E. PARKER						Signature <i>Wayne E. Parker</i>		Month 03		Day 19		Year 87	
18. Transporter 2 Acknowledgement of Receipt of Materials													
Printed/Typed Name						Signature		Month		Day		Year	
19. Discrepancy Indication Space 11a. 427#													
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.													
Printed/Typed Name Debra Washburn						Signature <i>Debra Washburn</i>		Month 03		Day 23		Year 87	

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. C1A1D10101813121513131410101117		Manifest Document No. 01010117		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.			
3. Generator's Name and Mailing Address ALLIED CORPORATION/Bendix Electrodynamics Division 11600 Sherman Way, N. Hollywood, CA 91605						A. State Manifest Document Number 86350313					
4. Generator's Phone (818) 765-1010						B. State Generator's ID CADO 08325334					
5. Transporter 1 Company Name DISPOSAL CONTROL SERVICE			6. US EPA ID Number C1A1T1018101031411814			C. State Transporter's ID 710309					
7. Transporter 2 Company Name			8. US EPA ID Number			D. Transporter's Phone (800)824-3345					
9. Designated Facility Name and Site Address CASMALIA RESOURCE MANAGEMENT NTU ROAD CASMALIA, CA 93429						E. State Transporter's ID					
10. US EPA ID Number C1A1D10121017141811215						F. Transporter's Phone					
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers No. Type		13. Total Quantity		14. Unit Wt/Vol	
a. WASTE CORROSIVE SOLID N.O.S., CORROSIVE MATERIAL UN 1759						0 14 15 DLM		11.25		Y	
b.											
c.											
d.											
J. Additional Descriptions for Materials Listed Above CHROMIC ACID ANADIZE SOLUTION SOLIDIFIED IN ENVIRONMENTAL a. 1-45						K. Handling Codes for Wastes Listed Above 03					
15. Special Handling Instructions and Additional Information GLOVES, GOGGLES AND PROTECTIVE CLOTHING											
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment.											
Printed/Typed Name Mary CLAVERT					Signature <i>Mary Clavert</i>			Month Day Year 10/31/618/7			
17. Transporter 1 Acknowledgement of Receipt of Materials											
Printed/Typed Name Joseph H. H. H. H.					Signature <i>Joseph H. H. H.</i>			Month Day Year 10/31/618/7			
18. Transporter 2 Acknowledgement of Receipt of Materials											
Printed/Typed Name Joseph R. T. A. R.					Signature <i>Joseph R. T. A. R.</i>			Month Day Year 10/31/618/7			
19. Discrepancy Indication Space # 87761											
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.											
Printed/Typed Name Casmalia Resources					Signature <i>Kenneth Fralley</i>			Month Day Year 10/31/618/7			

CONTINUATION SHEET

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER 86350309

THIS IS CONTINUATION SHEET 4 OF 4

C	A	D	0	0	8	3	2	5	5	3	4				
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DHS 8022 (12/82) (b)

(Please print or type with ELITE type (12 characters per inch).

CONTINUATION SHEET

STATE ID NUMBER

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER 86350309

THIS IS CONTINUATION SHEET 3 OF 4

10100018325334

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS	UN/NA NUMBER	TOTAL QUANTITY	UNIT WT/VOL	CONTAINER NO. TYPE	WASTE CAT. NO.
Drum #3; Waste Flammable Solid, NOS; Flammable Solid	UN11325	010025	Y	0611DM	1552
Glycerin		00005	Gal.		
Lubricating Grease		010001	pt.		
Primer (dried - no solvent)		010001	Gal.		
Aluminum Turgese powder (pH neutral, not an oxidizer)		00005	lbs.		
Bonding Compound (Urethane) [no solvents]		00005	lbs.		
Pre base coating [no solvent] 2x1 Gal.		01002	Gal.		
Drum #4; Waste Corrosive Solid, NOS; Corrosive Material	UN1759	010010	Y	0101DM	1551
Nitric Acid (<40%)		010001	Gal.		
Drum #5; Waste Corrosive Solid, NOS; Corrosive Material	UN1759	010025	Y	0101DM	181
Granulated Caustic Soda (1x15 lbs. & 1x3 lbs.)		010018	lbs.		
Drum #6; Waste Oxidizer, NOS; Oxidizer	UN1479	010010	Y	0101DM	181
Iodine powder		010003	lbs.		
				Plant Engineerin,	

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of 4	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address		6. US EPA ID Number		A. State Manifest Document Number	
ALLIED CORPORATION/Bendix Electrodynamics Division 11600 Sherman Way, N. Hollywood, CA 91605		CIAID101018131215131314		86350309	
4. Generator's Phone (818) 765-1010		8. US EPA ID Number		B. State Generator's ID	
5. Transporter 1 Company Name		C. State Transporter's ID		CADD 08325334	
DISPOSAL CONTROL SERVICE		CIAIT01810103411814		710301	
7. Transporter 2 Company Name		10. US EPA ID Number		D. Transporter's Phone (800) 824-3345	
9. Designated Facility Name and Site Address		E. State Transporter's ID		F. Transporter's Phone	
CASMALIA RESOURCE MANAGEMENT NTU ROAD CASMALIA, CA 93429		ICIAID10121017141811215		G. State Facility's ID	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers		13. Total Quantity	
a. WASTE CORROSIVE SOLID N.O.S. CORROSIVE MATERIAL UN 1759		No. Type		14. Unit Wt/Vol	
b. FLAMMABLE SOLID WASTE FLAMMABLE SOLID UN 1325		01013 DIM		.75 Y	
c. CORROSIVE MATERIAL WASTE CORROSIVE SOLID UN 1759		01012 DIM		.35 Y	
d. OXIDIZER N.O.S. WASTE OXIDIZER UN 1479		01011 DIM		.10 Y	
J. Additional Descriptions for Materials Listed Above		K. Handling Codes for Wastes Listed Above		03	
a. 7-93 Nitric Acid Solution		HAHQ36-009097 SOLIDIFIED IN ENVIROGUARD			
b. 1-3 lab pack refer to continuation sheet					
c. 4-5 lab pack refer to continuation sheet					
d. 6 lab pack refer to continuation sheet					
15. Special Handling Instructions and Additional Information					
GLOVES, GOGGLES AND PROTECTIVE CLOTHING					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.					
Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment.					
Printed/Typed Name		Signature		Month Day Year	
H. R. KELLENBERGER		<i>[Signature]</i>		013087	
17. Transporter 1 Acknowledgement of Receipt of Materials		Signature		Month Day Year	
Printed/Typed Name		<i>[Signature]</i>		1113013	
18. Transporter 2 Acknowledgement of Receipt of Materials		Signature		Month Day Year	
Printed/Typed Name		<i>[Signature]</i>		1113013	
19. Discrepancy Indication Space					
436138					
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.					
Printed/Typed Name		Signature		Month Day Year	
Casmalia Resource Management		<i>[Signature]</i>		024187	

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. CIAID1010181312151314101011	Manifest Document No. 0101011	2. Page 1 of	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address ALLIED CORPORATION-Bendix Electrodynamics Division 11600 Sherman Way, N. Hollywood, CA 91605		6. US EPA ID Number CIAIT1018101031411814		A. State Manifest Document Number 86350307	
4. Generator's Phone (818) 765-1010		8. US EPA ID Number		B. State Generator's ID CADO 08325334	
5. Transporter 1 Company Name DISPOSAL CONTROL SERVICE		10. US EPA ID Number		C. State Transporter's ID 710301	
7. Transporter 2 Company Name		12. Containers No. Type		D. Transporter's Phone 800-824-3345	
9. Designated Facility Name and Site Address CASMALIA RESOURCE MANAGEMENT NTU ROAD CASMALIA, CA 93429		14. Unit Wt/Vol		E. State Transporter's ID	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		13. Total Quantity		F. Transporter's Phone	
a. WASTE CORROSIVE SOLID N.O.S. CORROSIVE MATERIAL UN1759		14. Unit Wt/Vol		G. State Facility's ID CADO 20748125	
b.		14. Unit Wt/Vol		H. Facility's Phone (805) 937-8449	
c.		14. Unit Wt/Vol			
d.		14. Unit Wt/Vol			
J. Additional Descriptions for Materials Listed Above HAHQ36-009097 SOLIDIFIED IN ENVIROGUARD		K. Handling Codes for Wastes Listed Above 03			
a. XXXXXX Sulfuric Acid Solution ph. 5.0 a.1-23 Sulfuric Acid Solution ph. 5.0		FEB 20 1987			
15. Special Handling Instructions and Additional Information GLOVES, GOGGLES AND PROTECTIVE CLOTHING					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment.					
Printed/Typed Name DANIEL CHOW		Signature		Month Day Year 10 11 12 13 18 17	
17. Transporter 1 Acknowledgement of Receipt of Materials		Signature		Month Day Year 01/12/87	
Printed/Typed Name WAYNE E. PETER		Signature		Month Day Year 01/12/87	
18. Transporter 2 Acknowledgement of Receipt of Materials		Signature		Month Day Year	
Printed/Typed Name		Signature		Month Day Year	
19. Discrepancy Indication Space # 85836					
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.					
Printed/Typed Name CASMALIA RESOURCE		Signature		Month Day Year 10/12/87	

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. C A D O O 1 8 1 3 1 2 1 5 1 3 1 4 0 0 0 0 0		Manifest Document No.		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.			
3. Generator's Name and Mailing Address ALLIED CORPORATION-Bendix Electrodynamics Division 11600 Sherman Way, N. Hollywood, CA 91605						A. State Manifest Document Number 86350305					
4. Generator's Phone (818) 765-1010						B. State Generator's ID CADO 08325334					
5. Transporter 1 Company Name J. CALTRANS INC.						C. State Transporter's ID 709090					
6. US EPA ID Number CAP9808114883						D. Transporter's Phone 213 920 7709					
7. Transporter 2 Company Name						E. State Transporter's ID					
8. US EPA ID Number						F. Transporter's Phone					
9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT 35251 Skyline Road Kettleman City, CA 93239						G. State Facility's ID CADO 00646117					
10. US EPA ID Number 1 C I A T I O I O I O I 6 I 4 I 6 I 1 I 1 I 7						H. Facility's Phone 800-222-2964					
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers No. Type		13. Total Quantity		14. Unit Wt/Vol	
a. HAZARDOUS WASTE SOLID N.O.S. ORM-E NA 9189						0 0 1 0 0 0		00017		Y	
b.											
c.											
d.											
J. Additional Descriptions for Materials Listed Above SAND/SOIL 99% HYDRAULIC OIL 1% HAHQ36-009097 115 1/2 # F 7301						K. Handling Codes for Wastes Listed Above 03					
15. Special Handling Instructions and Additional Information GOGGLES AND GLOVES JAN 22 1987											
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment.											
Printed/Typed Name H. R. KELLENBERGER						Signature Month Day Year 0 1 1 5 8 7					
17. Transporter 1 Acknowledgement of Receipt of Materials											
Printed/Typed Name TERRY M BAIN						Signature Month Day Year 0 1 1 5 8 7					
18. Transporter 2 Acknowledgement of Receipt of Materials											
Printed/Typed Name						Signature Month Day Year					
19. Discrepancy Indication Space											
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.											
Printed/Typed Name Stephen P. Kell RT						Signature Month Day Year 0 1 1 5 8 6					

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. C1A1D10101813121513131400008		Manifest Document No. 0008		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.			
3. Generator's Name and Mailing Address ALLIED CORPORATION-Bendix Electrodynamics Division 11600 Sherman Way, N. Hollywood, CA 91605						A. State Manifest Document Number 86350303					
4. Generator's Phone (818) 765-1010						B. State Generator's ID CADO 08325334					
5. Transporter 1 Company Name						C. State Transporter's ID 705088					
6. US EPA ID Number						D. Transporter's Phone 9247709					
7. Transporter 2 Company Name						E. State Transporter's ID					
8. US EPA ID Number						F. Transporter's Phone					
9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT 35251 Skyline Road Kettleman City, CA 93239						G. State Facility's ID CATO 00646117					
10. US EPA ID Number C1A1T101010161461117						H. Facility's Phone 800-222-2964					
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers No. Type		13. Total Quantity		14. Unit Wt/Vol	
a. HAZARDOUS WASTE SOLID NOS ORM-E NA 9189						000001		115		Y	
b.											
c.											
d.											
J. Additional Descriptions for Materials Listed Above SAND/SOIL 99% HYDRAULIC OIL 1%						K. Handling Codes for Wastes Listed Above 03					
15. Special Handling Instructions and Additional Information GOGGLES AND GLOVES						JAN 23 1987 Plant Engineering					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment.											
Printed/Typed Name H. R. KELLENBERGER					Signature [Signature]					Month Day Year 10 11 15 18 17	
17. Transporter 1 Acknowledgement of Receipt of Materials											
Printed/Typed Name Richard [Signature]					Signature [Signature]					Month Day Year 11 11 15 18 17	
18. Transporter 2 Acknowledgement of Receipt of Materials											
Printed/Typed Name					Signature					Month Day Year	
19. Discrepancy Indication Space											
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.											
Printed/Typed Name Darryl G. [Signature]					Signature [Signature]					Month Day Year 12 11 15 19 17	

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. CIAID101018131215131314		Manifest Document No. 010101017		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address ALLIED CORPORATION-Bendix Electrodynamics Division 11600 Sherman Way, N. Hollywood, CA 91605						A. State Manifest Document Number 86350302			
4. Generator's Phone (818) 765-1010						B. State Generator's ID CADO 08325334			
5. Transporter 1 Company Name J. C. & T. A. A. S.			6. US EPA ID Number LA1017261811481913			C. State Transporter's ID 701-889		D. Transporter's Phone 213 920-7709	
7. Transporter 2 Company Name			8. US EPA ID Number			E. State Transporter's ID		F. Transporter's Phone	
9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT 35251 Skyline Road Kettleman City, CA 93239						10. US EPA ID Number CATDDDBK6007		G. State Facility's ID CADO 00646117	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers No. Type		13. Total Quantity	
a. HAZARDOUS WASTE SOLID N.O.S. ORM-E NA9189						b b h b h		14. Unit Wt/Vol	
b.									
c.									
d.									
J. Additional Descriptions for Materials Listed Above SAND/SOIL 99% HYDRAULIC OIL 1% HANQ36-009097 Profile = F13114						K. Handling Codes for Wastes Listed Above 003			
15. Special Handling Instructions and Additional Information GOGGLES AND GLOVES									
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment.									
Printed/Typed Name H. R. KELLENBERGER					Signature Month Day Year 0111587				
17. Transporter 1 Acknowledgement of Receipt of Materials									
Printed/Typed Name John L. Williams					Signature Month Day Year 11/11/87				
18. Transporter 2 Acknowledgement of Receipt of Materials									
Printed/Typed Name					Signature Month Day Year				
19. Discrepancy Indication Space									
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.									
Printed/Typed Name Dennis G. Damiano					Signature Month Day Year 11/11/87				

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address Bendix Electrodynamics Division, 11600 Sherman Way, North Hollywood, CA 91605-5887		3. Generator's US EPA ID No. CA1D10101813121513141314131217		A. State Manifest Document Number 86134331	
4. Generator's Phone (818) 503-3692		6. US EPA ID Number		B. State Generator's ID	
5. Transporter 1 Company Name J. CAL. TRANS. INC.		8. US EPA ID Number EM10918081141813		C. State Transporter's ID 709090	
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone 213 920 706	
9. Designated Facility Name and Site Address Chemical Waste Management 35251 Skyline Road Kettleman City, CA 93239		10. US EPA ID Number CA1T10101614161117		E. State Transporter's ID	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers		13. Total Quantity	
a. Hazardous Waste Solid N.O.S., ORM-R NA9189		No. Type		Unit Wt/Vol	
b.		0101 DIT		117 y	
c.					
d.					
J. Additional Descriptions for Materials Listed Above Sand/Soil, Hydraulic Oil 99% 1X		K. Handling Codes for Wastes Listed Above HAQ36-009097		03	
15. Special Handling Instructions and Additional Information gloves, goggles Plant Engineering					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment.					
Printed/Typed Name J. Cal. Trans.		Signature <i>[Signature]</i>		Month Day Year 11 11 87	
17. Transporter 1 Acknowledgement of Receipt of Materials					
Printed/Typed Name TOMMY M. BAIN		Signature <i>[Signature]</i>		Month Day Year 11 11 87	
18. Transporter 2 Acknowledgement of Receipt of Materials					
Printed/Typed Name		Signature		Month Day Year	
19. Discrepancy Indication Space 2. I ample					
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.					
Printed/Typed Name Donna L. Davis		Signature <i>[Signature]</i>		Month Day Year 11 11 87	

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. C I A D 1010183215334343217		Manifest Document No. 343217		2. Page 1 of		Information in the shaded areas is not required by Federal law.						
3. Generator's Name and Mailing Address Bendix Electrodynamics Division, 11600 Sherman Way, North Hollywood, CA 91605-5887						A. State Manifest Document Number 86134330								
4. Generator's Phone (818) 503-3692						B. State Generator's ID								
5. Transporter 1 Company Name J.C. Trans			6. US EPA ID Number C I A D 9810181148183			C. State Transporter's ID 708194		D. Transporter's Phone						
7. Transporter 2 Company Name			8. US EPA ID Number			E. State Transporter's ID		F. Transporter's Phone						
9. Designated Facility Name and Site Address Chemical Waste Management 35251 Skyline Road Kettleman City, CA 93239			10. US EPA ID Number C I A T 1010161461117			G. State Facility's ID 61460016117		H. Facility's Phone						
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers No. Type		13. Total Quantity						
a. Hazardous Waste Solid H.O.S. ORM-E NA9189						0101 D T 01012117								
b.														
c.														
d.														
J. Additional Descriptions for Materials Listed Above Sand/Soil, Hydraulic Oil 99% IX						K. Handling Codes for Wastes Listed Above HAHQ36-009097 03								
15. Special Handling Instructions and Additional Information gloves, goggles Plant Engineering														
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment.														
Printed/Typed Name <i>[Signature]</i>					Signature <i>[Signature]</i>					Month Day Year 11/1/87				
17. Transporter 1 Acknowledgement of Receipt of Materials														
Printed/Typed Name Robert Kaiman					Signature <i>[Signature]</i>					Month Day Year 10/11/87				
18. Transporter 2 Acknowledgement of Receipt of Materials														
Printed/Typed Name					Signature					Month Day Year				
19. Discrepancy Indication Space 2-1101														
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.														
Printed/Typed Name <i>[Signature]</i>					Signature <i>[Signature]</i>					Month Day Year 11/1/87				

86154329

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. C A D 0 0 8 3 2 5 3 3 4 3 4 3 2 7	Manifest Document No. 3 4 3 2 7	2. Page 1 of	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address Bendix Electrodynamics Division, 11600 Sherman Way, North Hollywood, CA 91605-5887				A. State Manifest Document Number 86134328	
4. Generator's Phone (818) 503-3692				B. State Generator's ID	
5. Transporter 1 Company Name <i>J. C. T. Inc.</i>		6. US EPA ID Number U W D 9 8 0 8 1 4 R B 3		C. State Transporter's ID <i>209088</i>	
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone <i>818-720-7109</i>	
9. Designated Facility Name and Site Address Chemical Waste Management 35251 Skyline Road Kettleman City, CA 93239		10. US EPA ID Number C A T 0 0 0 6 4 6 1 1 7		E. State Transporter's ID	
				F. Transporter's Phone	
				G. State Facility's ID	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)			12. Containers No. Type	13. Total Quantity	14. Unit Wt/Vol
a. Hazardous Waste Solid N.O.S. ORM-E NA9189			0 0 1 D T 0 0 0 1 5		
b.					
c.					
d.					
J. Additional Descriptions for Materials Listed Above Sand/Soil, Hydraulic Oil 99% 1X			K. Handling Codes for Wastes Listed Above 03		
15. Special Handling Instructions and Additional Information gloves, goggles <i>Plant Engineering</i>					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment.					
Printed/Typed Name <i>Michael J. ...</i>			Signature <i>Michael J. ...</i>		Month Day Year 1 1 1 1 1 1
17. Transporter 1 Acknowledgement of Receipt of Materials					
Printed/Typed Name <i>Michael J. ...</i>			Signature <i>Michael J. ...</i>		Month Day Year 1 1 1 1 1 1
18. Transporter 2 Acknowledgement of Receipt of Materials					
Printed/Typed Name			Signature		Month Day Year
19. Discrepancy Indication Space 2-1001					
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.					
Printed/Typed Name Stephen Rickell RT			Signature <i>Stephen Rickell</i>		Month Day Year 0 1 1 1 1 4 1 9 7

**UNIFORM HAZARDOUS
WASTE MANIFEST
(Continuation Sheet)**

21. Generator's US EPA ID No.

Manifest
Document No.

22. Page

Information in the shaded
areas is not required by Federal
law.

C A D 0 0 8 3 2 5 3 3 4

0 0 0 3 9

2

23. Generator's Name

ALLIED CORPORATION-Bendix Electrodynamics Division
11600 Sherman Way, N. Hollywood, CA 91605

L. State Manifest Document Number
87238124

M. State Generator's ID
HAHQ36009097

24. Transporter Company Name

25. US EPA ID Number

N. State Transporter's ID

OIL AND SOLVENT PROCESS CO

IC A D 0 0 8 3 0 2 9 0 3

O. Transporter's Phone (818) 334-5117

26. Transporter Company Name

27. US EPA ID Number

P. State Transporter's ID

Q. Transporter's Phone

28. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

29. Containers

30. Total

31. Unit

R. Waste No.

a.	No.	Type	Quantity	Unit	Waste No.
b.					
c.					
d.					
e. WASTE FLAMMABLE LIQUID N.O.S., UN 1993 (Waste Kerosene) F003	0 0 2	D M	0 0 1 0 0	G	214 F003
f. WASTE HEPTANE FLAMMABLE LIQUID N.O.S. UN 1206 F003	0 0 1	D M	0 0 0 5 0	G	214 F003
g. WASTE FLAMMABLE LIQUID N.O.S. UN 1993 (Waste Paint and thinners) F003	0 0 1	D M	0 0 0 5 0	G	461 F003
h. WASTE COMBUSTIBLE LIQUID N.O.S. NA 1993 (Waste Thinner) F003	0 0 1	D M	0 0 0 5 0	G	214 F003
i.					

S. Additional Descriptions for Materials Listed Above

T. Handling Codes for Wastes Listed Above

- e) Kerosene ZL15MAG
- f) Heptane
- g) Paint & thinner
- h) Thinner

28. EFGH-01

32. Special Handling Instructions and Additional Information

USE APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

33. Transporter Acknowledgement of Receipt of Materials

Date

Printed/Typed Name

Signature

Month Day Year
12 11 87

DAVID H. SAUCEDO

David H. Saucedo

34. Transporter Acknowledgement of Receipt of Materials

Date

Printed/Typed Name

Signature

Month Day Year

35. Discrepancy Indication Space SEC 28 e & f. IMPROPER D.O.T DESCRIPTIONS

By [Signature]

SEND COPY TO RFA

Please print or type. (Form designed for use on elite (12-pitch typewriter))

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

Please print or type (Form designed for use on elite (12-pitch typewriter).

**UNIFORM HAZARDOUS
WASTE MANIFEST**

1. Generator's US EPA ID No.

Manifest
Document No.

2. Page 1
of 1

Information in the shaded areas
is not required by Federal law.

C A D P O B B 2 5 3 3 4

010101318

3. Generator's Name and Mailing Address

ALLIED CORPORATION-Bendix Electrodynamics Division
11600 Sherman Wy, N. Hollywood, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number

87238123

B. State Generator's ID

1 H I A H I O 3 6 0 0 9 0 9 7

5. Transporter 1 Company Name

DISPOSAL CONTROL SERVICE

6. US EPA ID Number

C A T O B O O 3 4 1 8 4

C. State Transporter's ID

809861

D. Transporter's Phone (800) 824-3345

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address

CHEM TECK SYSTEMS, INC.
3650 East 26th St
Vernon, CA 90023

10. US EPA ID Number

C A T P B O O 3 3 6 8 1

G. State Facility's ID

1 C I A T I O B O O 3 3 6 8 1

H. Facility's Phone

(213) 268-5056

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers
No. Type

13. Total
Quantity

14. Unit
Wt/Vol

I. Waste No.

a. HAZARDOUS WASTE LIQUID NOS ORM-E NA 9139

0,0,1 T,T

12101010

G

State 221

EPA/Other N/A

b.

State

EPA/Other

c.

State

EPA/Other

d.

State

EPA/Other

J. Additional Descriptions for Materials Listed Above

WATER SOLUBLE OILS
LUBRICATING OILS
WATER

PER PROFILE

K. Handling Codes for Wastes Listed Above

a. 01

c.

b.

d.

15. Special Handling Instructions and Additional Information

USE APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

REF 14 1987
Plant Engineering

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name

H. KELLENBERGER

Signature

Month Day Year

11/20/91

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

JERRY HICKMAN

Signature

Month Day Year

11/20/91

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

11/20/91

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

ANIELA

Signature

A. V. V. V.

Month Day Year

11/20/91

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

GENERATOR

TRANSPORTER

FACILITY

#6147

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

GENERATOR

TRANSPORTER

FACILITY

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.

Manifest Document No.

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

CA1D1010131312151314 010101317

3. Generator's Name and Mailing Address

ALLIED CORPORATION/Bendix Electrodynamics Division
11600 Sherman Way, N. Hollywood, CA 91605

4. Generator's Phone (818) 765-1010

5. Transporter 1 Company Name

DISPOSAL CONTROL SERVICE

6. US EPA ID Number

CA1A11013101013141184

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

DEIENNO/KERDOON
2100 N. Alameda St.
Compton, CA 90222

10. US EPA ID Number

CA1A11018101011131362

A. State Manifest Document Number

87238122

B. State Generator's ID

CA1A11013161010101017

C. State Transporter's ID

809861

D. Transporter's Phone

(800) 824-3345

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

CA1A11018101011131352

H. Facility's Phone

(213) 537-7100

11. DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers
No. Type

13. Total Quantity

14. Unit Wt/Vol

Waste No.

a. WASTE PETROLEUM OIL N.O.S./COMBUSTIBLE LIQUID
UN 1270

01011

TT

12151010

G

State
221
EPA/Other

b.

11

11

1111

11

State
EPA/Other

c.

11

11

1111

11

State
EPA/Other

d.

11

11

1111

11

State
EPA/Other

J. Additional Descriptions for Materials Listed Above

Water soluble oil 2%
Lubricating oil 20%
Hydraulic oil 60%
Water 20%

K. Handling Codes for Wastes Listed Above

a.

b.

c.

d.

15. Special Handling Instructions and Additional Information

USE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name

Daniel Chow

Signature

Month Day Year

11/11/87

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

JOSE ARIAS

Signature

Month Day Year

11/11/87

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

11/11/87

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

LEONARDO C. BALLOTT

Signature

Plant Engineering

Month Day Year

11/11/87

Please print or type. (Form designed for use on elite (12-pitch typewriter).

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. CIAID00B325334		Manifest Document No. 010101316	2. Page 1 of 1		Information in the shaded areas is not required by Federal law.		
		3. Generator's Name and Mailing Address ALLIED CORPORATION-Bendix Electrodynamics Division 11600 Sherman Way, N. Hollywood, CA 91605				A. State Manifest Document Number 81238121			
4. Generator's Phone (318) 765-1010				B. State Generator's ID 1HAHQ36009097					
5. Transporter 1 Company Name DISPOSAL CONTROL SERVICE		6. US EPA ID Number ICAIT080034184		C. State Transporter's ID 809864			D. Transporter's Phone (800) 824-3345		
7. Transporter 2 Company Name		8. US EPA ID Number		E. State Transporter's ID			F. Transporter's Phone		
9. Designated Facility Name and Site Address CHEM TECK SYSTEMS, INC. 3650 East 26TH ST VERNON, CA 90023		10. US EPA ID Number ICAIT080033681		G. State Facility's ID ICAIT080033681			H. Facility's Phone (213) 268-5056		
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)				12. Containers	13. Total Quantity	14. Unit	15. Waste No.		
				No.	Type	Quantity	Wt/Vol		
a. HAZARDOUS WASTE LIQUID NOS ORM-E NA9189				0101	T,T	(3,200)	G	221	
								EPA/Other	N/A
								EPA/Other	
								EPA/Other	
b.								EPA/Other	
								EPA/Other	
								EPA/Other	
								EPA/Other	
c.								EPA/Other	
								EPA/Other	
								EPA/Other	
								EPA/Other	
d.								EPA/Other	
								EPA/Other	
								EPA/Other	
								EPA/Other	
J. Additional Descriptions for Materials Listed Above WATER SOLUBLE OILS LUBRICATING OILS WATER PER PROFILE				K. Handling Codes for Wastes Listed Above a. 01 b. c. d.					
15. Special Handling Instructions and Additional Information WATER SOLUBLE OILS USE APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT LUBRICATING OILS WATER PER PROFILE									
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. Plant Engineer									
Printed/Typed Name M. McLAUGHLIN				Signature <i>M. McLaughlin</i>		Month Day Year 11/03/87			
17. Transporter 1 Acknowledgement of Receipt of Materials									
Printed/Typed Name <i>James Axel</i>				Signature <i>James Axel</i>		Month Day Year 11/03/87			
18. Transporter 2 Acknowledgement of Receipt of Materials									
Printed/Typed Name				Signature		Month Day Year			
19. Discrepancy Indication Space									
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.									
Printed/Typed Name <i>John Goble Green-TeckSys</i>				Signature <i>John Goble</i>		Month Day Year 11/10/87			

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

GENERATOR

TRANSPORTER

FACILITY

2224

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.

Manifest
Document No.

2. Page 1
of 1

Information in the shaded areas
is not required by Federal law.

3. Generator's Name and Mailing Address

ALLIED CORPORATION-Bendix Electrodynamics Division
11600 Sherman Way, N. Hollywood, CA 91605

4. Generator's Phone (318) 765-1010

A. State Manifest Document Number

37238118

B. State Generator's ID

11A1H10131610109101917

5. Transporter 1 Company Name

DISPOSAL CONTROL SERVICE

6. US EPA ID Number

1C1A1T101810101341184

C. State Transporter's ID

809913

D. Transporter's Phone

(800) 824-3345

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address

CHEM-TECK SYSTEMS, INC.
3650 EAST 26th ST.
VERNON, CA 90023

10. US EPA ID Number

1C1A1T10181010133681

G. State Facility's ID

1C1A1T10181010133681

H. Facility's Phone

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers
No. Type

13. Total
Quantity

14. Unit
Wt/Vol

15. Waste No.

a. HAZARDOUS WASTE LIQUID NOC ORM-E . NA 9189

0 0 1 T T

(2,800)
21310101

G

State 221
EPA/Other N/A

b.

State
EPA/Other

c.

State
EPA/Other

d.

State
EPA/Other

J. Additional Descriptions for Materials Listed Above

WATER SOLUBLE OILS
LUBRICATING OILS
WATER PER PROFILE

K. Handling Codes for Wastes Listed Above

a. 01

b.

c.

d.

15. Special Handling Instructions and Additional Information

USE APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name

M. McLAUGHLIN

Signature

M. McLaughlin

Month Day Year

11/02/11/87

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

TOM CASTANEDA

Signature

Tom Castaneda

Month Day Year

10/21/87

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

J. ARTURO PEREZ FOR CHEM-TECH

Signature

J. Arturo Perez

Month Day Year

11/02/11/87

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

GENERATOR

TRANSPORTER

FACILITY

UNIFORM HAZARDOUS WASTE MANIFEST (Continuation Sheet)		21. Generator's US EPA ID No. C A D 0 0 8 3 2 5 3 3 4	Manifest Document No. 0 0 0 3 2	22. Page 2	Information in the shaded areas is not required by Federal law.	
23. Generator's Name ALLIED CORPORATION-Bendix Electrodynamics Division 11600 Sherman Way, N. Hollywood, CA 91605				L. State Manifest Document Number 87238117		
24. Transporter Company Name OIL AND SOLVENT PROCESS CO		25. US EPA ID Number C A D 0 0 8 3 0 2 9 0 3		M. State Generator's ID HAHQ 36009097		
26. Transporter Company Name		27. US EPA ID Number		N. State Transporter's ID 804007		
				O. Transporter's Phone (818) 334-5117		
				P. State Transporter's ID		
				Q. Transporter's Phone		
28. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)				29. Containers No.	30. Total Quantity	31. Unit Wt/Vol
				Type		R. Waste No.
a.						
b.						
c.						
d. WASTE PAINT RELATED MATERIAL, FLAMMABLE LIQUID UN 1263 F003				0 0 1	D M 0 0 0 5 0 G	461 F003
e. WASTE KEROSENE COMBUSTIBLE LIQUID UN 1223 , UN 1223 F003				0 0 1	D M 0 0 0 5 0 G	213 F003
f. WASTE COMBUSTIBLE LIQUID N.O.S. NA 1993 F003				0 0 1	D M 0 0 0 5 0 G	214 F003
g. WASTE III TRICHLOROETHANE ORMA UN 2831 F001				0 0 4	D M 0 0 2 0 0 G	211 F001
h.						
i.						
S. Additional Descriptions for Materials Listed Above d. - Varnish g. - III Tri e. - Kerosene f. - thinner				T. Handling Codes for Wastes Listed Above 26-d-01 26-e-01 26-f-01 26-g-01		
32. Special Handling Instructions and Additional Information USE APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT						
33. Transporter Acknowledgement of Receipt of Materials				Date		
Printed/Typed Name E. D. GEEVEREK		Signature <i>E. D. GEEVEREK</i>		Month Day Year 5 18 87		
34. Transporter Acknowledgement of Receipt of Materials				Date		
Printed/Typed Name		Signature		Month Day Year		
35. Discrepancy Indication Space ITEM 28 d IMPROPER D.O.T. DESCRIPTIONS e " " " f " " " g " " "						

Please print or type. (Form designed for use on elite (12 pitch typewriter).

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. C A D 0 0 3 3 0 2 9 0 3		Manifest Document No. 0101012		2. Page 1 of 2		Information in the shaded areas is not required by Federal law.					
		3. Generator's Name and Mailing Address ALLIED CORPORATION-Bendix Electrodynamics Division 11600 Sherman Way, N. Hollywood, CA 91605						A. State Manifest Document Number 01233117					
4. Generator's Phone (818) 765-1010						B. State Generator's ID H A H 0 3 6 0 0 9 0 9 17							
5. Transporter 1 Company Name OIL AND SOLVENT PROCESS CO				6. US EPA ID Number C A D 0 0 3 3 0 2 9 0 3		C. State Transporter's ID 809007							
7. Transporter 2 Company Name				8. US EPA ID Number		D. Transporter's Phone (818) 334-5117							
9. Designated Facility Name and Site Address OIL AND SOLVENT PROCESS CO 1704 First Street Azusa, CA 91702						E. State Facility's ID C A D 0 0 8 3 0 2 9 0 3							
10. US EPA ID Number C A D 0 0 3 3 0 2 9 0 3						F. Facility's Phone (818) 334-5117							
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers		13. Total Quantity		14. Unit Wt/Vol		15. Waste No.	
						No. Type		Quantity		Wt/Vol		State EPA/Other	
a. HAZARDOUS FLAMMABLE LIQUID N.O.S. UN 1219 F003 (WASTE ISOPROPANOL)						0 0 2 D M		0 0 1 0 0 g		State 214 EPA/Other F003			
b. HAZARDOUS WASTE LIQUID N.O.S., ORM-E NA 9189 F005						0 0 8 D M		0 0 4 0 0 G		State 221 EPA/Other F005			
c. HAZARDOUS WASTE LIQUID N.O.S., ORM-E NA 9189 F001						0 0 1 D M		0 0 0 5 0 G		State 221 EPA/Other F001			
d.										State EPA/Other			
J. Additional Descriptions for Materials Listed Above a. - Isopropanol b. - Skydrol 90% water 10% c. - Freon						K. Handling Codes for Wastes Listed Above a. 01 b. 01 c. 01 d.							
15. Special Handling Instructions and Additional Information USE APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT													
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.													
Printed/Typed Name M. Calvert					Signature <i>M. Calvert</i>			Month Day Year 10 2 8 8 7					
17. Transporter 1 Acknowledgement of Receipt of Materials													
Printed/Typed Name C. D. GUYEN					Signature <i>C. D. Guyen</i>			Month Day Year 1 7 1 1 8 7					
18. Transporter 2 Acknowledgement of Receipt of Materials													
Printed/Typed Name					Signature			Month Day Year					
19. Discrepancy Indication Space ITEM 11.6 - HAZ. CL. - INTERPRET D.O.T. DESCRIPTIONS													
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.													
Printed/Typed Name ROY CAMMACK					Signature <i>Roy Cammack</i>			Month Day Year 1 0 9 2 1 8 7					

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

GENERATOR

TRANSPORTER

FACILITY

4823

**UNIFORM HAZARDOUS
WASTE MANIFEST**

1. Generator's US EPA ID No. **CIA D 0 0 6 B 2 5 3 3 4** Manifest Document No. **010101310**

2. Page 1 of 1 Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
**ALLIED CORPORATION/Bendix Electrodynamics Division
11600 Sherman Way, N. Hollywood, CA 91605**

A. State Manifest Document Number
01238115

4. Generator's Phone (**818**) **765-1010**

B. State Generator's ID
1 H 1 A H 0 1 3 6 0 0 9 0 9 7

5. Transporter 1 Company Name
DISPOSAL CONTROL SERVICE

6. US EPA ID Number
CIA T 0 3 0 0 3 4 1 3 4

C. State Transporter's ID **710328**
D. Transporter's Phone (**800**) **824-3345**

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
**DEMENNO/KERDOON
2100 N. Alameda St.
Compton, CA 90222**

10. US EPA ID Number

G. State Facility's ID
1 C I A T 0 1 8 0 0 1 3 3 5 2

H. Facility's Phone
(213) 537-7100

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers No. Type 13. Total Quantity 14. Unit Wt/Vol 15. Waste No.

a. **WASTE PETROLEUM OIL N.O.S./COMBUSTIBLE LIQUID
UN 1270**

**01011 TIT 1600 G State 221
EPA/Other**

b. **DOT - E 7476**

State EPA/Other

c. **State EPA/Other**

d. **State EPA/Other**

J. Additional Descriptions for Materials Listed Above

**Water soluble oil 2%
Lubricating oil 20%
Hydraulic oil 60%
Water 20%**

K. Handling Codes for wastes Listed Above

a. **01** c. d.

15. Special Handling Instructions and Additional Information

USE PERSONAL PROTECTIVE EQUIPMENT

AUG 14 1987

Plant Engineering

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this Consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

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Printed/Typed Name **JOHN KELLEHER** Signature **John Kelleher** Month Day Year **08/10/87**

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name **THOMAS C. S. TEN SR** Signature **Thomas C. S. Ten** Month Day Year **08/10/87**

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name Signature Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name **JOHN KELLEHER** Signature **John Kelleher** Month Day Year **08/10/87**

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

GENERATOR

TRANSPORTER

FACILITY

Please print or type. (Form designed for use on elite (12-pitch typewriter).)

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

GENERATOR

TRANSPORTER

FACILITY

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. C1A1D10101831215131314		Manifest Document No. G10101311		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address ALLIED CORPORATION -Bendix Electrodynamics Division 11600 Sherman Way, N. Hollywood, CA 91605				A. State Manifest Document Number 87238116			
4. Generator's Phone (813) 765-1010				B. State Generator's ID H A H 0 3 6 0 0 9 0 9 7			
5. Transporter 1 Company Name DISPOSAL CONTROL SERVICE		6. US EPA ID Number ICAT080034184		C. State Transporter's ID XXXXXX 710328		D. Transporter's Phone (800)824-3345	
7. Transporter 2 Company Name		8. US EPA ID Number		E. State Transporter's ID		F. Transporter's Phone	
9. Designated Facility Name and Site Address CHEM-TECK SYSTEMS, INC. 3650 East 26th St. Vernon, CA 90023		10. US EPA ID Number ICAT080033681		G. State Facility's ID ICAT080033681		H. Facility's Phone	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)				12. Containers No. Type		13. Total Quantity	
a. HAZARDOUS WASTE LIQUIB ORM-E, N.O.S. NA 9189				0 0 1 T T		0 2 5 0 0	
b.							
c.							
d.							
J. Additional Descriptions for Materials Listed Above WATER SOLUBLE OILS LUBRICATING OILS WATER PER PROFILE				K. Handling Codes for Wastes Listed Above a. 01 b. c. d.			
15. Special Handling Instructions and Additional Information USE APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT							
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.							
Printed/Typed Name M. CALVERT				Signature <i>M. Calvert</i>		Plant Engineering Month Day Year 10/9/03/3/7	
17. Transporter 1 Acknowledgement of Receipt of Materials				Month Day Year 10/9/03/3/7			
Printed/Typed Name				Signature		Month Day Year	
18. Transporter 2 Acknowledgement of Receipt of Materials				Month Day Year			
Printed/Typed Name				Signature		Month Day Year	
19. Discrepancy Indication Space							
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.							
Printed/Typed Name J. ARTURO PEREZ HQ CHEM-TECH				Signature <i>J. Arturo Perez</i>		Month Day Year 10/9/03/8/7	

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address ALLIED CORPORATION-Bendix Electrodynamics Division 11801 Sherman Way, N. Hollywood, CA 91605 4. Generator's Phone (213) 755-1310		6. US EPA ID Number 1C1A10101312151217400000		A. State Manifest Document Number 87238106	
5. Transporter 1 Company Name DISPOSAL CONTROL SERVICE		8. US EPA ID Number 1C1A101013101013141184		C. State Transporter's ID 710381	
7. Transporter 2 Company Name		10. US EPA ID Number		D. Transporter's Phone (800)824-3345	
9. Designated Facility Name and Site Address DEMENNO/KERDOON 2100 N. Alameda St. Compton, CA 90222		10. US EPA ID Number 1C1A1010131010131352		E. State Transporter's ID	
				F. Transporter's Phone	
				G. State Facility's ID 1C1A1010131010131352	
				H. Facility's Phone (213) 537-7100	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No.	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. WASTE PETROLEUM OIL N.O.S./COMBUSTIBLE LIQUID UN 1270		01011	TIT	117101010	State 221 EPA/Other
b.					State EPA/Other
c.					State EPA/Other
d.					State EPA/Other
J. Additional Descriptions for Materials Listed Above Water soluble oil 2% Lubricating oil 20% Hydraulic oil 60% Water 20%		K. Handling Codes for Wastes Listed Above a. b. c. d.			
15. Special Handling Instructions and Additional Information USE APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT JUL 2 1987					
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Printed/Typed Name H. R. KELLEBERGER		Signature <i>H. R. Kelleberger</i>		Month Day Year 1 05 10 15 18 17	
17. Transporter 1 Acknowledgement of Receipt of Materials					
Printed/Typed Name <i>DAVE CHURCH</i>		Signature <i>Dave Church</i>		Month Day Year 10 6 10 15 18 17	
18. Transporter 2 Acknowledgement of Receipt of Materials					
Printed/Typed Name		Signature		Month Day Year	
19. Discrepancy Indication Space					
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.					
Printed/Typed Name LEON ARDOO-BALLOTT		Signature <i>L. Ardo</i>		Month Day Year 10 5 15 18 17	

Please print or type. (Form designed for use on elite (4 pin) typewriter).

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.

Manifest
Document No.

2. Page 1
-of 1

Information in the shaded areas
is not required by Federal law.

3. Generator's Name and Mailing Address

ALLIED CORPORATION-Bendix Electrodynamics Division
11600 Sherman Way, N. Hollywood, CA 91605

4. Generator's Phone ()

A. State Manifest Document Number

87238108

B. State Generator's ID

HIAH036009097

C. State Transporter's ID

708209

D. Transporter's Phone (818) 334-5117

E. State Transporter's ID

F. Transporter's Phone

5. Transporter 1 Company Name

OIL AND SOLVENT PROCESS CO.

6. US EPA ID Number

ICAD0008302903

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

OIL AND SOLVENT PROCESS CO.
1704 First Street
Azusa, CA 91702

10. US EPA ID Number

ICAD0008302903

G. State Facility's ID

ICAD0008302903

H. Facility's Phone

(818) 334-5117

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers
No. Type

13. Total
Quantity

14. Unit
Wt/Vol

1. Waste No.

a. WASTE FLAMMABLE LIQUID, N.O.S., UN 1993

01011 DIM 010101510

G

State 461

EPA/Other F003

b. WASTE COMBUSTIBLE LIQUID, N.O.S. UN 1993

01011 DIM 010101510

G

State 214

EPA/Other F 003

c. WASTE III TRICHLOROETHANE ORM-A, UN 2831

01017 DIM 010131510

G

State 211

EPA/Other F001

J. Additional Descriptions for Materials Listed Above

a.1 - Paint waste and thinners
b.1 - Thinners
c.1-7 Tri

K. Handling Codes for Wastes Listed Above

a. 01

b. 01

c. 01

d.

15. Special Handling Instructions and Additional Information

USE APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16.

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Printed/Typed Name

M. CALVERT

Signature

M. Calvert

Month Day Year

10/6/11 15/8/17

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

D. Calvert

Signature

D. Calvert

Month Day Year

11/6/11 16/8/17

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

JUN 30 1987

Month Day Year

11/11/11

19. Discrepancy Indication Space

Plant Engineering

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

Printed/Typed Name

Bob Cathell

Signature

Bob Cathell

Month Day Year

10/6/11 17/8/17

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

GENERATOR

TRANSPORTER

FACILITY

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.	Manifest Document No.	Page 1 of 1	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address ALLIED CORPORATION/Bendix Electrodynamics Division 11600 Sherman Way, N. Hollywood, CA 91605		6. US EPA ID Number C1A1D101018131215334		A. State Manifest Document Number 01238107	
4. Generator's Phone (818) 765-1010		7. Transporter 1 Company Name DISPOSAL CONTROL SERVICE		B. State Generator's ID H1A1H101316101091017	
5. Transporter 1 Company Name DISPOSAL CONTROL SERVICE		6. US EPA ID Number C1A1T101810103411814		C. State Transporter's ID 710328	
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone (800)824-3345	
9. Designated Facility Name and Site Address CHEM-TECK SYSTEMS, INC. 3650 East 26th St. Vernon, CA 90023		10. US EPA ID Number C1A1T1018101033681		E. State Transporter's ID	
				F. Transporter's Phone	
				G. State Facility's ID C1A1T1018101033681	
				H. Facility's Phone (213) 268-5056	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No.	13. Total Quantity	14. Unit Wt/Vol	15. Waste No.
a. HAZARDOUS WASTE LIQUID ORM-E, N.O.S. NA 9189		001	TT	013101010	G State 221 EPA/Other
b.					State EPA/Other
c.					State EPA/Other
d. JUN 18 1987 Plant Engineering					State EPA/Other
J. Additional Descriptions for Materials Listed Above WATER SOLUBLE OILS LUBRICATING OILS WATER PER PROFILE DATED JULY 10, 1986		K. Handling Codes for Wastes Listed Above a. 01		b.	
		c.		d.	
15. Special Handling Instructions and Additional Information GLOVES AND GOGGLES USE APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.					
Printed/Typed Name H.R. KELLENBERGER		Signature		Month Day Year 10/6/15/87	
17. Transporter 1 Acknowledgement of Receipt of Materials		Signature		Month Day Year 10/9/15/87	
Printed/Typed Name Tom CASTANEDA		Signature		Month Day Year 10/9/15/87	
18. Transporter 2 Acknowledgement of Receipt of Materials		Signature		Month Day Year	
Printed/Typed Name		Signature		Month Day Year	
19. Discrepancy Indication Space					
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.					
Printed/Typed Name Jenny Goodell Chem-Teck		Signature Jenny Goodell		Month Day Year 10/15/87	

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

GENERATOR
TRANSPORTER
FACILITY

44006565

UNIFORM HAZARDOUS WASTE MANIFEST (Continuation Sheet)		21. Generator's US EPA ID No. C A D 0 0 8 3 2 5 3 3 4	Manifest Document No. 0 0 0 2 0	22. Page 2	Information in the shaded areas is not required by Federal law.	
23. Generator's Name ALLIED CORPORATION-Bendix Electrodynamics Division 11600 Sherman Way, N. Hollywood, CA 91605				L. State Manifest Document Number 87238102		
24. Transporter Company Name OIL AND SOLVENT PROCESS CO.				M. State Generator's ID HAHQ36009097		
25. US EPA ID Number C A D 0 0 8 3 0 2 9 0 3				N. State Transporter's ID 708712		
26. Transporter Company Name				O. Transporter's Phone (818)334-5117		
27. US EPA ID Number				P. State Transporter's ID		
				Q. Transporter's Phone		
28. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)				29. Containers No.	Type	30. Total Quantity
a.						31. Unit Wt/Vol
b.						R. Waste No.
c.						
d. WASTE FLAMMABLE LIQUID N.O.S. UN 1993				0 0 1	D M	0 0 0 5 0 G
e. WASTE FLAMMABLE LIQUID NO.O.S. UN 1993 283 CS				0 0 1	D M	0 0 0 5 0 G
f. WASTE III TRICHLOROETHANE ORM-A , UN 2831				0 0 5	D M	0 0 2 5 0 G
g.						
h.						
i.						
S. Additional Descriptions for Materials Listed Above d.1-Kerosene 90% Tri 10% - 45003538 e.1-Thinner 80% waste paint 20% - 45003534 f.1-5-Tri-47007711				T. Handling Codes for Wastes Listed Above		
32. Special Handling Instructions and Additional Information GLOVES AND GOGGLES						
33. Transporter Acknowledgement of Receipt of Materials						Date
Printed/Typed Name			Signature			Month Day Year
34. Transporter Acknowledgement of Receipt of Materials						Date
Printed/Typed Name			Signature			Month Day Year
35. Discrepancy Indication Space						

GENERATOR

TRANSPORTER

FACILITY

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. CA 0101018131215131314	Manifest Document No. 010101210	2. Page 1 of 2	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address ALLIED CORPORATION-Bendix Electrodynamics Division 11600 Sherman Way, N. Hollywood, CA 91605				A. State Manifest Document Number 87238102	
4. Generator's Phone (318) 765-1010				B. State Generator's ID HIAH0136010101017	
5. Transporter 1 Company Name OIL AND SOLVENT PROCESS CO.				C. State Transporter's ID 708712	
6. US EPA ID Number CA 0101018131012191013				D. Transporter's Phone (818) 334-5117	
7. Transporter 2 Company Name				E. State Transporter's ID	
8. US EPA ID Number				F. Transporter's Phone	
9. Designated Facility Name and Site Address OIL AND SOLVENT PROCESS CO 1704 First Street Azusa, CA 91702				G. State Facility's ID CA 0101018131012191013	
10. US EPA ID Number CA 0101018131012191013				H. Facility's Phone (818) 334-5117	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No.	13. Total Quantity	14. Unit Wt/Vol	15. Waste No.
a. HAZARDOUS WASTE LIQUID N.O.S. ORM-E NA 9189		01011	01M	010101510	G State 221 EPA/Other F001
b. HAZARDOUS WASTE LIQUID N.O.S. ORM-E NA9189		01011	01M	010101510	G State 221 EPA/Other F005
c. WASTE FLAMMABLE LIQUID N.O.S. UN 1993		01012	01M	01011010	G State 214 EPA/Other F005
d.					State EPA/Other
J. Additional Descriptions for Materials Listed Above a.1- Freon b.1- Skydrol 80% Heptane 20% c.1-Red oil 70%,Waste oil 25%, Heptane 5% c.2-Red oil 80%,Heptane 15%, Tri 5%				K. Handling Codes for Wastes Listed Above a. 0-99 b. 99 c. 01 d.	
15. Special Handling Instructions and Additional Information GLOVES AND GOGGLES 12548 + 12530 + 12545					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. JUN 9 1987 Plant Engineering					
Printed/Typed Name H.R. KELLENBERGER		Signature <i>[Signature]</i>		Month Day Year 10/5/18/87	
17. Transporter 1 Acknowledgement of Receipt of Materials					
Printed/Typed Name ED GERRARD		Signature <i>[Signature]</i>		Month Day Year 11/5/18/87	
18. Transporter 2 Acknowledgement of Receipt of Materials					
Printed/Typed Name		Signature		Month Day Year	
19. Discrepancy Indication Space					
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.					
Printed/Typed Name ROY CAMMAK		Signature <i>[Signature]</i>		Month Day Year 10/5/18/87	

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

GENERATOR

TRANSPORTER

FACILITY

**UNIFORM HAZARDOUS
WASTE MANIFEST**

1. Generator's US EPA ID No.

C1A1D10108325384

Manifest
Document No.

01010119

Page 1
of 1

Information in the shaded areas
is not required by Federal law.

3. Generator's Name and Mailing Address

ALLIED CORPORATION-Bendix Electrodynamics Division
11600 Sherman Way, N. Hollywood, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number

87238101

B. State Generator's ID

H1A1H103161019101917

5. Transporter 1 Company Name

DISPOSAL CONTROL SERVICE

6. US EPA ID Number

C1A1T1018101034184

C. State Transporter's ID

710334

D. Transporter's Phone (800)824-3345

E. State Transporter's ID

F. Transporter's Phone

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

CHEM-TECK SYSTEMS, INC.
3650 East 26th St.
Vernon, CA 90023

10. US EPA ID Number

C1A1T1018101033681

G. State Facility's ID

C1A1T1018101033681

H. Facility's Phone

(213) 268-5056

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers
No. Type

13. Total
Quantity

14. Unit
Wt/Vol

15. Waste No.

a. HAZARDOUS WASTE LIQUID ORM-E, N.O.S. NA 9189

01011 TIT 012500 G

State
221

EPA/Other

State

EPA/Other

State

EPA/Other

State

EPA/Other

J. Additional Descriptions for Materials Listed Above

WATER SOLUBLE OILS
LUBRICATING OILS
WATER

PER PROFILE DATED JULY 10, 1986

K. Handling Codes for Wastes Listed Above

a. 01

b.

c.

d.

15. Special Handling Instructions and Additional Information

GLOVES AND GOGGLES

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport, by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name

H. R. KELLENBERGER

Signature

H. R. Kellenberger

Month Day Year

10/5/87

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

DAVE DADE

Signature

Dave Dade

Month Day Year

10/5/87

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

10/5/87

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

Jerry Gooleb Chem-Tech Syst.

Signature

Jerry Gooleb

Month Day Year

10/5/87

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

GENERATOR

TRANSPORTER

FACILITY

37 560

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. C1A1D10101813125131314		Manifest Document No. 0000118		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.						
3. Generator's Name and Mailing Address ALLIED CORPORATION-Bendix Electrodynamics Division 11600 Sherman Way, N. Hollywood, CA 91605						A. State Manifest Document Number 86350314								
4. Generator's Phone (818) 765-1010						B. State Generator's ID CADO 08325334								
5. Transporter 1 Company Name DISPOSAL CONTROL SERVICE						C. State Transporter's ID 710381								
6. US EPA ID Number C1A1T1018101031411814						D. Transporter's Phone (800) 824-3345								
7. Transporter 2 Company Name						E. State Transporter's ID								
8. US EPA ID Number						F. Transporter's Phone								
9. Designated Facility Name and Site Address TRIPLE J PACIFICATION FACILITY CORP. 3650 East 26th St. Vernon, CA 90023						G. State Facility's ID CATD 80033681								
10. US EPA ID Number C1A1T101810101313161811						H. Facility's Phone (213) 268-5056								
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers		13. Total Quantity		14. Unit Wt/Vol		15. Waste No.		
a. HAZARDOUS WASTE LIQUID ORM-E, N.O.S. NA 9189						0101 T/T		02500		G		221		
b.														
c.												Corp.		
d.														
J. Additional Descriptions for Materials Listed Above WATER SOLUBLE OILS LUBRICATING OILS WATER HANQ36-009097 PER PROFILE DATED JULY 10, 1986						K. Handling Codes for Wastes Listed Above 01								
15. Special Handling Instructions and Additional Information GLOVES AND GOGGLES														
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment.														
Printed/Typed Name M. CALVERT					Signature <i>[Signature]</i>					Month Day Year 10/31/91				
17. Transporter 1 Acknowledgement of Receipt of Materials														
Printed/Typed Name <i>[Signature]</i>					Signature <i>[Signature]</i>					Month Day Year KDY 8/8/91				
18. Transporter 2 Acknowledgement of Receipt of Materials														
Printed/Typed Name					Signature					Month Day Year				
19. Discrepancy Indication Space ITEM 9 SHOULD READ CHEM-TECH SYSTEMS, INC ITEM 10 SHOULD READ CAT-0240-56A														
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.														
Printed/Typed Name <i>[Signature]</i>					Signature <i>[Signature]</i>					Month Day Year 10/31/91				

UNIFORM HAZARDOUS WASTE MANIFEST (Continuation Sheet)		21. Generator's US EPA ID No. C A D 0 0 8 3 2 5 3 3 4	Manifest Document No. 0 0 0 1 6	22. Page 2	Information in the shaded areas is not required by Federal law.
23. Generator's Name ALLIED CORPORATION-Bendix Electrodynamics Division 11600 Sherman Way, N. Hollywood, CA 91605				L. State Manifest Document Number 86350312	
				M. State Generator's ID CADO 08325334	
24. Transporter <u>1</u> Company Name OIL AND SOLVENT PROCESS CO.		25. US EPA ID Number C A D 0 0 8 3 0 2 9 0 3		N. State Transporter's ID 7058712	
26. Transporter _____ Company Name		27. US EPA ID Number		O. Transporter's Phone (818)334-5117	
				P. State Transporter's ID	
				Q. Transporter's Phone	
28. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)			29. Containers		30. Total Quantity
			No.	Type	
a.					
b.					
c.					
d. HAZARDOUS WASTE LIQUID N.O.S. ORM-E NA9189			0 0 1	D M	0 0 0 5 0 G
e. HAZARDOUS WASTE LIQUID N.O.S. ORM-E NA 9189			0 1 9	D M	0 0 9 5 0 G
f. WASTE III TRICHLOROETHANE ORMA UN 2831			0 0 4	D M	0 0 2 0 0 G
g.					
h.					
i.					
S. Additional Descriptions for Materials Listed Above d.1 Freon-47007720 e.1-8 Skydrol 10% soapy water 90% ,e.9-19 Skydrol 10% f.1-4 TRI-47007712 water 90% 46002766				T. Handling Codes for Wastes Listed Above d. 01/0001 e. 09/0060 f. 01/F002	
32. Special Handling Instructions and Additional Information GOGGLES AND GLOVES					
TRANSPORTER	33. Transporter _____ Acknowledgement of Receipt of Materials				Date
	Printed/Typed Name Mark Padilla		Signature <i>Mark Padilla</i>		Month Day Year 03/03/87
	34. Transporter _____ Acknowledgement of Receipt of Materials				Date
	Printed/Typed Name		Signature		Month Day Year
FACILITY	35. Discrepancy Indication Space				

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. C1A1D101018131215131314		Manifest Document No. 01010116		2. Page 1 of 2		Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address ALLIED CORPORATION/Bendix Electrodynamics Division 11600 Sherman Way, N. Hollywood, CA 91605						A. State Manifest Document Number 86350312			
4. Generator's Phone (818) 765-1010						B. State Generator's ID CADO 08325334			
5. Transporter 1 Company Name OIL AND SOLVENT PROCESS CO.						6. US EPA ID Number C1A1D101018131215131314		C. State Transporter's ID 708713	
7. Transporter 2 Company Name						8. US EPA ID Number		D. Transporter's Phone (818) 334-5117	
9. Designated Facility Name and Site Address OIL AND SOLVENT PROCESS CO 1704 First Street Azusa, CA 91702						10. US EPA ID Number C1A1D101018131215131314		E. State Transporter's ID	
								F. Transporter's Phone	
								G. State Facility's ID CADO 08302903	
								H. Facility's Phone (818) 334-5117	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers No. Type		13. Total Quantity	
a. WASTE FLAMMABLE LIQUID N.O.S. UN1993						01012 DIM 01011010 G		214	
b. WASTE FLAMMABLE LIQUID N.O.S. UN1993						01011 DIM 01010510 G		461	
c. WASTE FLAMMABLE LIQUID N.O.S. UN1993						01012 DIM 01011010 G		214	
d.									
J. Additional Descriptions for Materials Listed Above a.1 ZL15MAG(Kerosene) a.2 Kerosene -45003537 b.1- Thinner&MEK 75% Paint Waste 25%-45003529 c.1-Heptane 80% Tri 20% c.2-red oil 80% Heptane 20%-47007700						K. Handling Codes for Wastes Listed Above a. 99/0001 b. 01/0001 c. 99/201			
15. Special Handling Instructions and Additional Information GLOVES AND GOGGLES									
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment.									
Printed/Typed Name M. CALVERT						Signature 		Month Day Year 6 3 6 5 6 7	
17. Transporter 1 Acknowledgement of Receipt of Materials									
Printed/Typed Name Mark P. [unclear]						Signature 		Month Day Year 11 11 11	
18. Transporter 2 Acknowledgement of Receipt of Materials									
Printed/Typed Name						Signature		Month Day Year	
19. Discrepancy Indication Space									
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.									
Printed/Typed Name William T. [unclear]						Signature 		Month Day Year 11 11 11	

86350312

GENERATOR

TRANSPORTER

FACILITY

**HAZARDOUS
WASTE MANIFEST
(Continuation Sheet)**

21. Generator's US EPA ID No.

Manifest
Document No.

22. Page

Information in the shaded
areas is not required by Federal
law.

C A D O 0 8 3 2 5 3 3 4 0 0 0 0 1

2

23. Generator's Name

ALLIED CORPORATION-Bendix Electrodynamics Division
11600 Sherman Way, N. Hollywood, CA 91605

L. State Manifest Document Number

86350301

M. State Generator's ID

CADO 08325334

24. Transporter 1 Company Name

25. US EPA ID Number

N. State Transporter's ID

OIL AND SOLVENT PROCESS CO.

C A D O 0 8 3 0 2 9 0 3

O. Transporter's Phone (818) 334-5117

26. Transporter Company Name

27. US EPA ID Number

P. State Transporter's ID

Q. Transporter's Phone

28. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

29. Containers

No. Type

30.
Total
Quantity31.
Unit
Wt/VolR.
Waste No.

a.
b.
c.
d. WASTE FLAMMABLE LIQUID NOS UN 1993

0 0 2 D M 0 0 1 0 0 G

461

e. WASTE III TRICHLOROETHANE ORMA UN 2831

0 0 2 D M 0 0 1 0 0 G

211

f.
g. FFB 10-20
Plant Engineering

h.
i.

S. Additional Descriptions for Materials Listed Above

HAHQ36-009097

d.1- thinner, paint waste

d.2 paint waste 25%, thinner 25%, MEK 25%

e. 1-2 Tri 80%, oil and grease 20%

T. Handling Codes for Wastes Listed Above

d 011
e 011

32. Special Handling Instructions and Additional Information

GOGGLES AND GLOVES

33. Transporter Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Date

Month Day Year
11/1/87

34. Transporter Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Date
Month Day Year

35. Discrepancy Indication Space

GENERATOR

TRANSPORTER

FACILITY

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. CA ID 10 10 18 13 12 15 13 13 14	Manifest Document No. 10 10 10 10 11	2. Page 1 of 2	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address ALLIED CORPORATION-Bendix Electrodynamics Division 11600 Sherman Way, N. Hollywood, CA 91605			A. State Manifest Document Number 86350301		
4. Generator's Phone (818) 765-1010			B. State Generator's ID CA0008325334		
5. Transporter 1 Company Name OIL AND SOLVENT PROCESS CO.		6. US EPA ID Number CA ID 10 10 18 13 10 12 19 10 13		C. State Transporter's ID 708713	
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone (818) 334-5117	
9. Designated Facility Name and Site Address OIL AND SOLVENT PROCESS CO. 1704 First Street Azusa, CA 91702		10. US EPA ID Number CA ID 10 10 18 13 10 12 19 10 13		E. State Transporter's ID	
				F. Transporter's Phone	
				G. State Facility's ID CA0008302903	
				H. Facility's Phone (818) 334-5117	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)			12. Containers No. Type	13. Total Quantity	14. Unit Wt/Vol
a. HAZARDOUS WASTE LIQUID NOS ORM-E NA9189			0110 DLM	0105100	G
b. HAZARDOUS WASTE LIQUID NOS ORM-E NA9189			001 DLM	0005100	G
c. WASTE FLAMMABLE LIQUID NOS UN1206			003 DLM	0015100	G
d.					
J. Additional Descriptions for Materials Listed Above a. 1-10 Skydrol oil 50% water 40% b. 1 Freon c. 1&2 Heptane 75% red oil 25% c. 3 red oil 75% heptane 25%			K. Handling Codes for Wastes Listed Above a. 99/0001 b. 01/0001 c. 01/0001		
15. Special Handling Instructions and Additional Information Gloves and goggles					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment.					
Printed/Typed Name H. R. KELLENBERGER			Signature 		Month Day Year 10 11 4 1987
17. Transporter 1 Acknowledgement of Receipt of Materials			Signature 		Month Day Year 11 11 11 1987
18. Transporter 2 Acknowledgement of Receipt of Materials			Signature 		Month Day Year 11 11 11 1987
19. Discrepancy Indication Space					
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.					
Printed/Typed Name William R. Watts			Signature 		Month Day Year 10 11 1 1987

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address ALLIED CORPORATION-Bendix Electrodynamics division 11600 Sherman Way, N. Hollywood, CA 91605		C I A I D I O I 8 I 3 I 2 I 5 I 3 I 3 I 4 I 0 I 0 I 1 I 5		A. State Manifest Document Number 86350311	
4. Generator's Phone (818) 765-1010		6. US EPA ID Number		B. State Generator's ID CADO 68325334	
5. Transporter 1 Company Name DISPOSAL CONTROL SERVICE		IC I A I T I O I 8 I 0 I 10 I 3 I 4 I 1 I 8 I 4		C. State Transporter's ID 710333	
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone (800) 824-3345	
9. Designated Facility Name and Site Address TRIPLE J PACIFICATION FACILITY CORP. 3650 East 26th St Vernon, CA 90023		10. US EPA ID Number IC I A I T I O I 8 I 0 I 10 I 3 I 3 I 6 I 8 I 3		E. State Transporter's ID	
				F. Transporter's Phone	
				G. State Facility's ID CADO 6833681	
				H. Facility's Phone	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol
a. HAZARDOUS WASTE LIQUID ORM-E, N.O.S. NA9189		0 I 0 I 1	T I T	0 I 3 I 0 I 0 I 0	G
b.					
c.					
d.					
J. Additional Descriptions for Materials Listed Above WATER SOLUBLE OILS LUBRICATING OILS WATER PER PROFILE DATED JULY 10, 1988		HANQ36-009097		K. Handling Codes for Wastes Listed Above 01	
15. Special Handling Instructions and Additional Information GLOVES AND GOGGLES					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment.					
Printed/Typed Name H. R. KELLENBERGER		Signature		Month Day Year 11 12 16 8 17	
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name JAMES LAWRENCE		Signature		Month Day Year 11 12 16 8 17	
18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name		Signature		Month Day Year	
19. Discrepancy Indication Space					
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. Printed/Typed Name ELEO P. M., KHAM-TECH					
Signature				Month Day Year 11 12 16 8 17	

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. C1A1D10101813121513131410101113		Manifest Document No. 01010113		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.			
3. Generator's Name and Mailing Address ALLIED CORPORATION-Bendix Electrodynamics Division 11600 Sherman Way, N. Hollywood, CA 91605						A. State Manifest Document Number 86350310					
4. Generator's Phone (818) 765-1001						B. State Generator's ID CADD 08125334					
5. Transporter 1 Company Name DISPOSAL CONTROL SERVICE				6. US EPA ID Number C1A1T10181010131411814		C. State Transporter's ID 710334					
7. Transporter 2 Company Name				8. US EPA ID Number		D. Transporter's Phone (800)824-3345					
9. Designated Facility Name and Site Address DEMENNO/KERDOON 2100 N. Alameda St. Compton, CA 90222				10. US EPA ID Number C1A1T101810101113131512		E. State Transporter's ID					
						F. Transporter's Phone					
						G. State Facility's ID CATO 80013352					
						H. Facility's Phone 714-637-7100					
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers		13. Total Quantity		14. Unit Wt/Vol	
						No.	Type				
a. WASTE PETROLEUM OIL N.O.S./COMBUSTIBLE LIQUID UN 1270						0, 0, 1		T, T		G	
b.											
c.											
d.											
J. Additional Descriptions for Materials Listed Above						K. Handling Codes for Wastes Listed Above					
Water soluble oils 2% Lubricating oils 20% HYDRAULIC OILS 60% WATER 20%						HAHQ36-008097 					
15. Special Handling Instructions and Additional Information											
GLOVES AND GOGGLES 											
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment.											
Printed/Typed Name H. R. KELLENBERGER						Signature <i>[Signature]</i>			Month Day Year 10 12 10 15 18 17		
17. Transporter 1 Acknowledgement of Receipt of Materials											
Printed/Typed Name DAVE DADF						Signature <i>[Signature]</i>			Month Day Year 10 12 15 18 17		
18. Transporter 2 Acknowledgement of Receipt of Materials											
Printed/Typed Name						Signature			Month Day Year		
19. Discrepancy Indication Space											
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.											
Printed/Typed Name <i>[Signature]</i>						Signature <i>[Signature]</i>			Month Day Year 10 12 15 18 17		

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. C A D D 0 0 8 3 2 5 3 3 4 0 1 0 1 0 1 9		Manifest Document No.		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.			
3. Generator's Name and Mailing Address ALLIED CORPORATION-Bendix Electrodynamics Division 11600 Sherman Way, N. Hollywood, CA 91605'						A. State Manifest Document Number 86350304					
4. Generator's Phone (818) 765-1010						B. State Generator's ID CADO 08325334					
5. Transporter 1 Company Name			6. US EPA ID Number			C. State Transporter's ID 708 194					
7. Transporter 2 Company Name			8. US EPA ID Number			D. Transporter's Phone 714 831 4274					
9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT 35251 Skyline Road Kettleman City, CA 93239			10. US EPA ID Number IC 1A IT 10 10 16 14 16 11 11 17			E. State Transporter's ID					
						F. Transporter's Phone					
						G. State Facility's ID CATO 00646117					
						H. Facility's Phone 800-222-2966					
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers No. Type		13. Total Quantity		14. Unit Wt/Vol	
a. HAZARDOUS WASTE SOLID N.O.S. ORM-E NA9189						01011 DIT		11 1/2		Y	
b.											
c.											
d.											
J. Additional Descriptions for Materials Listed Above HAHQ36-009097 SAND/SOIL 99% HYDRAULIC OIL 1%						K. Handling Codes for Wastes Listed Above 03					
15. Special Handling Instructions and Additional Information GOGGLES AND GLOVES											
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment.											
Printed/Typed Name H. R. KELLENBERGER						Signature Month Day Year 0 1 1 5 8 7					
17. Transporter 1 Acknowledgement of Receipt of Materials											
Printed/Typed Name Robert K...						Signature Month Day Year 10/1/1987					
18. Transporter 2 Acknowledgement of Receipt of Materials											
Printed/Typed Name						Signature Month Day Year 1 1 1 1 1 1					
19. Discrepancy Indication Space											
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.											
Printed/Typed Name Steven Pickell RT						Signature Month Day Year 01/1/1987					

1988 MANIFESTS

**UNIFORM HAZARDOUS
WASTE MANIFEST**

1. Generator's US EPA ID No.

Manifest
Document No.

2. Page 1
of 2

Information in the shaded areas
is not required by Federal law.

3. Generator's Name and Mailing Address

ALLIED SIGNAL, INC. Bendix Electrodynamics Division
11600 Sherman Way, N. Hollywood, CA 91605

4. Generator's Phone (818) 765-1010

5. Transporter 1 Company Name

DISPOSAL CONTROL SERVICE

6. US EPA ID Number

ICIAITD80084134

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

OIL AND SOLVENT PROCESS CO.
1704 W. FIRST STREET
AZUSA, CA 91702

10. US EPA ID Number

CA0008302903

A. State Manifest Document Number

81238138

B. State Generator's ID

HAH036003097

C. State Transporter's ID

810028

D. Transporter's Phone (800) 824-3345

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

CAH008302903

H. Facility's Phone

(818) 334-5117

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers
No. Type

13. Total
Quantity

14. Unit
Wt/Vol

15. Hazard No.

a. WASTE FLAMMABLE LIQUID N.O.S. , FLAMMABLE LIQUID,
UN 1993 (F003,F005), RQ (waste thinners)

0102 D M

101000

G

State 212
EPA/Other F003, F005

b. WASTE FLAMMABLE LIQUID N.O.S. UN 1993 (f003)
(waste paint)

0101 D M

1001510

G

State 461
EPA/Other F003

c. HAZARDOUS WASTE LIQUID N.O.S. , ORM-E,
NA 9189 (F001) (Waste Freon)

0101 D M

1001510

G

State 211
EPA/Other F001

J. Additional Descriptions for Materials Listed Above

a) Waste thinners
b) Waste paint
c) Waste freon

Profile F27942
Profile F28563
Profile R93212

K. Handling Codes for Wastes Listed Above

a. 01
c. 01

b. 01

d.

15. Special Handling Instructions and Additional Information

USE APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

RECEIVED

MAY 6 1988

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name

M. McLaughlin

Signature

M. McLaughlin

Month Day Year

10/4/2018

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

BRIAN C. HOOKENBERG

Signature

Brian C. Hookenberg

Month Day Year

10/12/1988

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19:

Printed/Typed Name

MIKE A. GLAHN

Signature

Mike A. Glahn

Month Day Year

01/12/1988

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

GENERATOR

TRANSPORTER

FACILITY

(Continuation Sheet)		CA 6068325334106611		2	
23. Generator's Name ALLIED SIGNAL, INC. Bendix Electrodynamics Division 11600 Sherman Way, N. Hollywood, CA 91605				L. State Manifest Document Number 87238138	
				M. State Generator's ID HAHQ36009097	
24. Transporter Company Name DISPOSAL CONTROL SERVICE		25. US EPA ID Number ICAT030034184		N. State Transporter's ID 810028	
26. Transporter Company Name		27. US EPA ID Number		O. Transporter's Phone (800)824-3345	
				P. State Transporter's ID	
				Q. Transporter's Phone	
28. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)				29. Containers	
				No.	Type
				30. Total Quantity	31. Unit Wt/Vol
				R. Waste No.	
a.					
b.					
c.					
d. WASTE I,I,I TRICHLOROETHANE ORM-A, UN 2831(F001) 47007767				0 0 2	D M 0 1 0 0 G 211 F001
e. RQ, WASTE PERCHLOROETHYLENE ORM-A, UN1897 (F002) 44006192				0 0 5	D M 0 2 0 0 G 214 F002
f.					
g.					
h.					
i.					
S. Additional Descriptions for Materials Listed Above d) Tri Profile G93094 e) Perchloroethylene Profile H05082				T. Handling Codes for Wastes Listed Above	
32. Special Handling Instructions and Additional Information USE APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT					
33. Transporter Acknowledgement of Receipt of Materials					Date
Printed/Typed Name BRIAN L. HOCKENBERRY			Signature <i>Brian L. Hockenberry</i>		Month Day Year 0 4 2 9 88
34. Transporter Acknowledgement of Receipt of Materials					Date
Printed/Typed Name			Signature		Month Day Year
35. Discrepancy Indication Space					

Please print or type. (Form designed for use on elite (12 pin) typewriter).

**UNIFORM HAZARDOUS
WASTE MANIFEST**

1. Generator's US EPA ID No.

Manifest
Document No.

2. Page 1
of

Information in the shaded areas
is not required by Federal law.

3. Generator's Name and Mailing Address

ALLIED SIGNAL, INC. Bendix Electrodynamics Division
11600 Sherman Way, N. Hollywood, CA 91605
4. Generator's Phone (818) 765-1010

A. State Manifest Document Number

87238136

B. State Generator's ID

11A1H101316101910197

5. Transporter 1 Company Name

DISPOSAL CONTROL SERVICE

6. US EPA ID Number

1C1A1T10131010131411814

C. State Transporter's ID

809929

D. Transporter's Phone

(800) 824-3345

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address

CHEM TECK SYSTEMS, INC.
3650 EAST 26th ST.
VERNON, CA 90023

10. US EPA ID Number

1C1A1T1018101013131611

G. State Facility's ID

1C1A1T1018101013131611

H. Facility's Phone

(213) 268-5056

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers
No. Type

13. Total
Quantity

14. Unit
Wt/Vol

15. Waste No.

a. HAZARDOUS WASTE LIQUID N.O.S., ORM-E, NA 9189

001 T T 13101010 G

State
221
EPA/Other
N/A

b.

State
EPA/Other

c.

State
EPA/Other

d.

State
EPA/Other

J. Additional Descriptions for Materials Listed Above

Water soluble oils
lubricating oils
water

Per profile

K. Handling Codes for Wastes Listed Above

a. 01

c.

b.

d.

15. Special Handling Instructions and Additional Information

USE APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name

M. McLaughlin

Signature

M. McLaughlin

PLANT ENGINEERING

Month Day Year

10/4/21/83

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

MIKE M'ANAMA

Signature

Mike M'Anama

Month Day Year

12/4/21/88

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

11/11/11

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

Printed/Typed Name

ELEO A. NG ICHM-TECH

Signature

Eleo A. Ng

Month Day Year

1/12/12

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

GENERATOR

TRANSPORTER

FACILITY

TRANSPORTER

GENERATOR

Please print or type. (Form designed for use on elite (4) dot pitch typewriter).

UNIFORM HAZARDOUS WASTE MANIFEST		Generator's US EPA ID No. CAD0008825334		Manifest Document No. 00000		2. Page 1 of 2		Information in the shaded areas is not required by Federal law.					
3. Generator's Name and Mailing Address ALLIED SIGNAL, INC. Bendix Electrodynamics Division 11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605						A. State Manifest Document Number 8.238131							
4. Generator's Phone (818) 765-1010						B. State Generator's ID HLALHL013610191917							
5. Transporter 1 Company Name OIL AND SOLVENT PROCESS						C. State Transporter's ID 807007							
6. US EPA ID Number 10A1D1010131012191013						D. Transporter's Phone (818) 334-5117							
7. Transporter 2 Company Name						E. State Transporter's ID							
8. US EPA ID Number						F. Transporter's Phone							
9. Designated Facility Name and Site Address OIL AND SOLVENT PROCESS CO 1704 FIRST STREET AZUSA, CA 91702						G. State Facility's ID 10A1D101018131012191013							
10. US EPA ID Number 10A1D101018131012191013						H. Facility's Phone (818) 334-5117							
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers No. Type		13. Total Quantity		14. Unit Wt/Vol		15. Waste No.	
a. WASTE FLAMMABLE LIQUID N.O.S. UN 1993 (F005) (Waste red oil & waste heptane)						01013 DIM		01011510		G		State 214 EPA/Other F005	
b. WASTE HEPTANE, FLAMMABLE LIQUID N.O.S. UN 1206 (D001)						01012 DIM		010111010		G		State 213 EPA/Other D001	
c. WASTE KEROSENE COMBUSTIBLE LIQUID N.O.S. UN 1223 (F003)						01011 DIM		010101510		G		State 221 EPA/Other F003	
d.												State EPA/Other	
J. Additional Descriptions for Materials Listed Above						K. Handling Codes for Wastes Listed Above							
a) red oil 85% heptane 15% profile F28556						a. 01				b. 01			
b) heptane F28557													
c) kerosene F28609						c. 01				d.			
15. Special Handling Instructions and Additional Information USE APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT 20702, 20706, 20704, 20108, 201													
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.													
Printed/Typed Name MARY McLAUGHLIN						Signature <i>Mary McLaughlin</i>				Month Day Year 10/31/88			
17. Transporter 1 Acknowledgement of Receipt of Materials													
Printed/Typed Name ED. GUERRA						Signature <i>Ed Guerra</i>				Month Day Year 10/31/88			
18. Transporter 2 Acknowledgement of Receipt of Materials													
Printed/Typed Name						Signature RECEIVED				Month Day Year			
19. Discrepancy Indication Space APR 5 1988 PLANT ENGINEERING													
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.													
Printed/Typed Name THOMAS A. GILHAM						Signature <i>Thomas A. Gilham</i>				Month Day Year 10/31/88			

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

GENERATOR

TRANSPORTER

FACILITY

**UNIFORM HAZARDOUS
WASTE MANIFEST
(Continuation Sheet)**

21. Generator's US EPA ID No.

Manifest
Document No.

22. Page

Information in the shaded
areas is not required by Federal
law.

C A D 0 0 8 3 2 5 3 3 4 0 0 0 0 6

2

23. Generator's Name

ALLIED SIGNAL, INC. Bendix Electrodynamics Division
11600 Sherman Way, N. Hollywood, CA 91605

L. State Manifest Document Number

87238131

M. State Generator's ID

HAHQ36009097

24. Transporter Company Name

25. US EPA ID Number

N. State Transporter's ID

OIL AND SOLVENT

C A D 0 0 8 3 0 2 9 0 3

O. Transporter's Phone (818)334-5117

26. Transporter Company Name

27. US EPA ID Number

P. State Transporter's ID

Q. Transporter's Phone

28. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

29. Containers

30. Total
Quantity

31. Unit
Wt/Vol

R.
Waste No.

a.

b.

c.

d.

HAZARDOUS WASTE LIQUID N.O.S.
ORM-E NA9189 (F005) (Waste Skydrol)

0 1 5 D M 0 0 7 5 0 G

F005

221

e.

HAZARDOUS WASTE LIQUID N.O.S.
ORM-E NA9189 (F001) (Waste Freon)

0 0 1 D M 0 0 0 5 0 G

F001

221

f.

RQ, WASTE I,I,I, TRICHLOROETHANE
ORM-A, UN 2831 (F001)

0 0 7 D M 0 0 3 5 0 G

F001

221

g.

h.

i.

S. Additional Descriptions for Materials Listed Above

T. Handling Codes for Wastes Listed Above

d) Waste skydrol & Water Profile F28554
e) Waste freon G93212
f) Tri G93094

32. Special Handling Instructions and Additional Information

USE APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

RECEIVED

APR 5 1988

PLANT ENGINEERING

33. Transporter Acknowledgement of Receipt of Materials

Date

Printed/Typed Name

Signature

Month Day Year

0 3 | 2 4 | 8 8

34. Transporter Acknowledgement of Receipt of Materials

Date

Printed/Typed Name

Signature

Month Day Year

35. Discrepancy Indication Space

GENERATOR

TRANSPORTER

FACILITY

Please print or type. (Form designed for use on elite or dot matrix typewriter).

UNIFORM HAZARDOUS WASTE MANIFEST		Generator's US EPA ID No. 0 A D O O 8 1 3 1 2 1 5 1 3 1 4		Manifest Document No. 0 1 0 1 0 1 5	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address ALLIED SIGNAL, INC. Bendix Electrodynamics Division 11600 Sherman Way, N. Hollywood, CA 91605					A. State Manifest Document Number 87238130		
4. Generator's Phone (813) 765-1010					B. State Generator's ID 1 H A H Q 3 6 0 0 9 0 9 7		
5. Transporter 1 Company Name DISPOSAL CONTROL SERVICE					C. State Transporter's ID 809913		
6. US EPA ID Number IC A T O 3 0 0 8 4 1 8 4					D. Transporter's Phone (800) 824-3345		
7. Transporter 2 Company Name					E. State Transporter's ID		
8. US EPA ID Number					F. Transporter's Phone		
9. Designated Facility Name and Site Address CHEM TECK SYSTEMS, IC 3650 East 26 th St. Vernon, CA 90023					G. State Facility's ID I C A T O 8 0 0 3 3 6 8 1		
10. US EPA ID Number I Q A T O 8 1 0 1 0 3 1 6 8 1					H. Facility's Phone (213) 268-5056		
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)				12. Containers	13. Total Quantity	14. Unit Wt/Vol	15. Waste No.
a. HAZARDOUS WASTE LIQUID N.O.S. ORM-E NA 9189				No. 01011	Type TIT	014101010	State 221 EPA/Other N/A
b.							State EPA/Other
c.							State EPA/Other
d.							State EPA/Other
J. Additional Descriptions for Materials Listed Above WATER SOLUBLE OILS LUBRICATING OILS WATER PER PROFILE					K. Handling Codes for Wastes Listed Above a. 01 b. c. d.		
15. Special Handling Instructions and Additional Information USE APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT							
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.							
Printed/Typed Name M. McLaughlin				Signature <i>M. McLaughlin</i>		Month Day Year 1 0 3 0 3 8 8	
17. Transporter 1 Acknowledgement of Receipt of Materials							
Printed/Typed Name L. J. - DISPOSAL				Signature <i>L. J. - DISPOSAL</i>		Month Day Year 3 / 7 / 8 8	
18. Transporter 2 Acknowledgement of Receipt of Materials							
Printed/Typed Name				Signature		Month Day Year	
19. Discrepancy Indication Space							
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.							
Printed/Typed Name ELED A NGICHER-TECH				Signature <i>ELED A NGICHER-TECH</i>		Month Day Year 1 1 3 1 3 1 8 8	

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

GENERATOR

TRANSPORTER

FACILITY

Please print or type. (Form designed for use on elite (12 pin) typewriter).

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. CA1D101018131215131314		Manifest Document No. 01010101		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.					
3. Generator's Name and Mailing Address ALLIED SIGNAL, INC BENDIX ELECTRODYNAMICS DIVISION 11600 Sherman Way, N. Hollywood, CA 91605						A. State Manifest Document Number 07238125							
4. Generator's Phone (818) 765-1010						B. State Generator's ID HIAH0316101019101917							
5. Transporter 1 Company Name DISPOSAL CONTROL SERVICE						C. State Transporter's ID 809931							
7. Transporter 2 Company Name						D. Transporter's Phone (800) 824-3345							
6. US EPA ID Number CA1T03101013141184						E. State Transporter's ID							
8. US EPA ID Number						F. Transporter's Phone							
9. Designated Facility Name and Site Address DEJENNO/KERDOON 2100 N. ALAMEDA ST. COMPTON, CA 90222						G. State Facility's ID CA1T0800113352							
10. US EPA ID Number CA1T0800113352						H. Facility's Phone (213) 537-7100							
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers		13. Total Quantity		14. Unit		15. Waste No.	
						No. Type		Quantity		Wt/Vol		State EPA/Other	
a. WASTE PETROLEUM OIL N.O.S./COMBUSTIBLE LIQUID UN 1270						01011 FIT		011151010		G		State 221 EPA/Other N/A	
b.												State EPA/Other	
c.												State EPA/Other	
d.												State EPA/Other	
J. Additional Descriptions for Materials Listed Above						K. Handling Codes for Wastes Listed Above							
Water soluble oil 2%						a.							
Lubricating oil 20%						b.							
Hydraulic Oil 60%						c.							
Water 20%						d.							
15. Special Handling Instructions and Additional Information													
Water soluble oil 2% Water 20% USE PERSONAL PROTECTIVE EQUIPMENT													
Lubricating oil 20%													
Hydraulic Oil 60%													
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.													
Printed/Typed Name M. McLaughlin						Signature M. McLaughlin				Month Day Year 01 22 88			
17. Transporter 1 Acknowledgement of Receipt of Materials													
Printed/Typed Name Don Wetzel						Signature Don Wetzel				Month Day Year 01 22 88			
18. Transporter 2 Acknowledgement of Receipt of Materials													
Printed/Typed Name						Signature				Month Day Year			
19. Discrepancy Indication Space													
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.													
Printed/Typed Name LEONARDO C. BALCER						Signature LEONARDO C. BALCER				Month Day Year 01 22 88			

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

GENERATOR

TRANSPORTER

FACILITY

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. CIAID1010131225334	Manifest Document No. 01010102	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address ALLIED SIGNAL, INC. BENDIX ELECTRODYNAMICS DIVISION 11600 Sherman Way, N. Hollywood, CA 91605				A. State Manifest Document Number 87238126	
4. Generator's Phone (818) 765-10010				B. State Generator's ID HIAH1013161019101917	
5. Transporter 1 Company Name DISPOSAL CONTROL SERVICE		6. US EPA ID Number ICIAIT101310101340B		C. State Transporter's ID 809861	
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone (800) 824-3345	
9. Designated Facility Name and Site Address CHEM TECK SYSTEMS, INC. 3650 East 26th St Vernon, CA 90023		10. US EPA ID Number ICAT080033681		E. State Transporter's ID	
				F. Transporter's Phone	
				G. State Facility's ID ICAT080033681	
				H. Facility's Phone (213) 268-5056	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No. Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. HAZARDOUS WASTE LIQUID NOS ORM-E NA 9189		991 T T	013101010	G	221
b.					EPA/Other N/A
c.					State
d.					EPA/Other
J. Additional Descriptions for Materials Listed Above WATER SOLUBLE OILS LUBRICATING OILS WATER PER PROFILE		K. Handling Codes for Wastes Listed Above a. 01 b. c. d.			
15. Special Handling Instructions and Additional Information USE APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.					
Printed/Typed Name M. McLaughlin		Signature <i>M. McLaughlin</i>		Month Day Year 10/12/518	
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name DAVE DADF		Signature <i>DAVE DADF</i>		Month Day Year 11/17/518	
18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name		Signature		Month Day Year JAN 29	
19. Discrepancy Indication Space Plant Engineering					
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. Printed/Typed Name Terry Goodrich for Chem-Teck Syst					
		Signature <i>Terry Goodrich</i>		Month Day Year 11/12/518	

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

GENERATOR

TRANSPORTER

FACILITY

88-1334

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. 0400083125331401010117
Manifest Document No. 1

2. Page 1 of 1
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address

ALLIED SIGNAL INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (313) 765-1010

A. State Manifest Document Number

87238146

B. State Generator's ID

1H1A1H10361010210917

5. Transporter 1 Company Name

DISPOSAL CONTROL SERVICE

6. US EPA ID Number

1CA1T1013101013141184

C. State Transporter's ID

809894

D. Transporter's Phone

(800)824-3345

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address

CHEM TECK SYSTEMS, INC
3650 EAST 26th ST
VERNON, CA 90023

10. US EPA ID Number

1CA1T10810101313681

G. State Facility's ID

1CA1T10810101313681
(213) 268-5056

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

a. HAZARDOUS WASTE LIQUID N.O.S., ORM-E, NA 9189
DOT-E-7476

12. Containers
No. Type

901 TT 13790

13. Total Quantity

14. Unit Wt/Vol

15. Waste No.

221
N/A

b.					State
c.					EPA/Other
d.					State
					EPA/Other

J. Additional Descriptions for Materials Listed Above

Water soluble oils
Lubricating oils
Water Per profile

K. Handling Codes for Wastes Listed Above

a. 01
b.
c.
d.

15. Special Handling Instructions and Additional Information

USE APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

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Printed/Typed Name ROBIN OSEAS Signature Month Day Year 10/31/01

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name JERRY HERBERT Signature Month Day Year 10/31/01

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name Signature Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name ARTHUR M. WAGAN / CHEMTECH Signature Month Day Year 10/31/01

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

GENERATOR

TRANSPORTER

FACILITY

Form designed for use on elite (12-pitch)ewriter.

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.

Manifest Document No.

2. Page 1 of 2

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address

ALLIED SIGNAL AEROSPACE Electrodynamics Division
11600 Sherman Way, N. Hollywood, CA 91605 (818)

4. Generator's Phone (818) 765-1010

5. Transporter 1 Company Name

OIL AND SOLVENT PROCESS CO

6.

US EPA ID Number

104007830129013

7. Transporter 2 Company Name

8.

US EPA ID Number

104007830129013

9. Designated Facility Name and Site Address

OIL AND SOLVENT PROCESS CO
1704 W. FIRST STREET
AZUSA, CA 91702

10.

US EPA ID Number

104007830129013

A. State Manifest Document Number

87238142

B. State Generator's ID

LHAH038009097

C. State Transporter's ID

804007

D. Transporter's Phone (818) 334-5117

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

104007830129013

H. Facility's Phone

(881) (818) 334-5117

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers
No. Type

13. Total Quantity

14. Unit
Wt/Vol

15. Waste No.

a. RQ, WASTE HEPTANE FLAMMABLE LIQUID, UN 1206 (D001)

Q 01 D M 0 0 0 5 0

G

State 213
EPA/Other D001

b. RQ, WASTE FLAMMABLE LIQUID N.O.S., UN 1993 (F003, F005)
(Waste thinner)

Q 04 D M 0 0 2 0 0

G

State 212
EPA/Other F003, F005

c. WASTE FLAMMABLE LIQUID N.O.S., UN 1993 (F003)
(Waste paint and sludge)

Q 01 D M 0 0 0 5 0

G

State 461
EPA/Other F 003

d. HAZARDOUS WASTE LIQUID N.O.S., ORM-E, NA9189 (F005)
(waste skydrol and water)

Q 11 D M 0 0 5 5 0

G

State 221
EPA/Other F005

J. Additional Descriptions for Materials Listed Above

- a) Profile F28557
- b) F27942 Waste thinner
- c) F28563 Waste paint
- d) F28554 Waste skydrol and water

K. Handling Codes for Wastes Listed Above

a. 01 b. 01
c. 01 d. 01

RECEIVED

15. Special Handling Instructions and Additional Information

USE APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

JUN 28 1988

PLANT ENGINEERING

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

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Printed/Typed Name

M. McLaughlin

Signature

M. McLaughlin

Month Day Year

10/6/17/88

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

ED. G. G. G. G.

Signature

Ed. G. G. G.

Month Day Year

10/6/17/88

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

10/6/17/88

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19

Printed/Typed Name

MIKE A. GILHAM

Signature

Mike A. Gilham

Month Day Year

10/6/17/88

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-424-8802

**FORM HAZARDOUS
WASTE MANIFEST
(Continuation Sheet)**

21. Generator's US EPA ID No.

Manifest
Document No.

22. Page

Information in the shaded
areas is not required by Federal
law.

C A D 0 0 8 3 2 5 3 3 4 0 0 0 1 5

2

3. Generator's Name

 ALLIED SIGNAL AEROSPACE Electrodynamics Division
 11600 SHERMAN WAY
 N. HOLLYWOOD, CA 91605 (818) 765-1010

L. State Manifest Document Number

87238142

M. State Generator's ID

HAHQ36009097

24. Transporter Company Name

25. US EPA ID Number

N. State Transporter's ID 804007

OIL AND SOLVENT PROCESS CO

C A D 0 0 8 3 0 2 9 0 3

O. Transporter's Phone (818) 334-5117

26. Transporter Company Name

27. US EPA ID Number

P. State Transporter's ID

Q. Transporter's Phone

28. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

29. Containers

30.
Total
Quantity31.
Unit
Wt/VolR.
Waste No.

a.

b.

c.

d.

e.

 WASTE ORMA N.O.S., NA1693 (F001)
 (waste freon)

0 0 1 D M 0 0 0 5 0 G

741
F001

f.

RQ, WASTE 1,1,1 TRICHLOROETHANE ORM-A (F001)

0 0 6 D M 0 0 3 0 0 G

211
F001

g.

h.

i.

S. Additional Descriptions for Materials Listed Above

 e- Profile G93212 Waste freon
 f- G93094

T. Handling Codes for Wastes Listed Above

RECEIVED

32. Special Handling Instructions and Additional Information

USE APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

PLANT ENGINEERING

JUN 28 1988

33. Transporter Acknowledgement of Receipt of Materials

Date

Printed/Typed Name

Signature

Month Day Year

34. Transporter Acknowledgement of Receipt of Materials

Date

Printed/Typed Name

Signature

Month Day Year

35. Discrepancy Indication Space

Information in the shaded areas
is not required by Federal law.

88140311
IN CALIFORNIA CALL 1-800-852-7550

GENERATOR

FACILITY

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. C A T 0 0 0 8 3 2 5 3 3 4	Manifest Document No. 1	Page 1 of 1	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address ALLIED SIGNAL AEROSPACE ELECTRODYNAMICS DIVISION 11600 SHERMAN WAY, N. HOLLYWOOD CA 91605			A. State Manifest Document Number 88048097 ✓		
4. Generator's Phone (818) 765-1010			B. State Generator's ID R A H 0 3 6 0 0 9 0 9 7		
5. Transporter Company Name DISPOSAL CONTROL SERVICE			C. State Transporter's ID C A T 0 3 0 0 3 4 1 8 4		
7. Transporter 2 Company Name			D. Transporter's Phone (800) 824-3345		
9. Designated Facility Name and Site Address DEMENNO KERDOON 2100 N. ALAMEDA ST COMPTON, CA () 90222			E. State Transporter's ID		
10. US EPA ID Number C A T 0 8 0 0 1 3 3 5 2			F. Transporter's Phone		
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) a. WASTE PETROLEUM OIL N.O.S., COMBUSTIBLE LIQUID UN 1270			12. Containers No. 0 0 1 Type T T	13. Total Quantity 9 1 8 0 0	14. Unit G
b.					
c.					
d.					
J. Additional Descriptions for Materials Listed Above WASTE SOLUBLE OIL 25% LUBRICATING OIL 20% HYDRAULIC OIL 60% WATER 20%			K. Handling Codes for Wastes Listed Above a. 01 b. c. d.		
15. Special Handling Instructions and Additional Information USE APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.					
Printed/Typed Name ROBIN OSEAS			Signature <i>[Signature]</i>		Month Day Year 9 1 1988
17. Transporter 1 Acknowledgement of Receipt of Materials					
Printed/Typed Name <i>[Signature]</i>			Signature <i>[Signature]</i>		Month Day Year 09 29 88
18. Transporter 2 Acknowledgement of Receipt of Materials					
Printed/Typed Name			Signature		Month Day Year
19. Discrepancy Indication Space					
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.					
Printed/Typed Name ARTURO B. PEREZ			Signature <i>[Signature]</i>		Month Day Year 09 29 88

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

Use print or type. (Form designed for use on elite (4 pin) typewriter).

Instructions on the Back

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.

CAD0003325334

Manifest
Document No.

Page 1

of 1

Information in the shaded areas
is not required by Federal law.

3. Generator's Name and Mailing Address

ALLIED SIGNAL AEROSPACE ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD CA 91605

A. State Manifest Document Number

88048099

B. State Generator's ID

HAHQ36009097

4. Generator's Phone (818) 765-1010

5. Transporter 1 Company Name

DISPOSAL CONTROL SERVICE

6. US EPA ID Number

CAT030034184

C. State Transporter's ID

801131

D. Transporter's Phone (800) 824-3345

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address

CHEM TECK SYSTEMS, INC.
3650 EAST 26TH ST.
VERNON, CA 90023

10. US EPA ID Number

CAT080033681

G. State Facility's ID

CAT080033681

H. Facility's Phone

(213) 268-8056

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

a. HAZARDOUS WASTE LIQUID N. O. S., ORM-E, NA9189

12. Containers
No. Type

001 TTD

13. Total
Quantity

14. Unit
Wt/Vol

G

15. Waste No.

State
EPA/Other
321
N/A

b.

c.

d.

J. Additional Descriptions for Materials Listed Above

WATER SOLUBLE OILS
LUBRICATING OILS
WATER

PER PROFILE

K. Handling Codes for Wastes Listed Above

a. 01

b.

c.

d.

15. Special Handling Instructions and Additional Information

USE APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16.

GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

11/11/88

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Raymond Oseas

Signature

Raymond Oseas

Month Day Year

11/11/88

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

11/11/88

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

ARTHUR M. VANDAN / CHEMTECH

Signature

Arthur M. Vandan

Month Day Year

11/11/88

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-424-8802

GENERATOR

TRANSPORTER

FACILITY

Please print or type. (Form designed for use on elite or dot matrix typewriter).

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

UNIFORM HAZARDOUS WASTE MANIFEST		Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address ALLIED SIGNAL AEROSPACE-ELECTRODYNAMICS DIVISION 11600 Sherman Way, N. Hollywood, CA 91605		CL A D I O I O 8 I 3 I 2 I 5 I 3 I 3 I 4		A. State Manifest Document Number 87238140	
4. Generator's Phone (818 765-1010				B. State Generator's ID H I A H I O I 3 I 6 I 0 I 0 I 9 I 0 I 9 I 7	
5. Transporter 1 Company Name DISPOSAL CONTROL SERVICE		I C A T I O I 3 I 0 I 0 I 3 I 4 I 1 I 8 I 4		C. State Transporter's ID 809861	
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone (800) 824-3345	
9. Designated Facility Name and Site Address DEMENNO? KERDOON 2100 N. Alameda St Compton, ca 90222		10. US EPA ID Number I C A T I O I 8 I 0 I 0 I 1 I 3 I 3 I 5 I 2		E. State Transporter's ID	
				F. Transporter's Phone	
				G. State Facility's ID I C A T I O 8 0 0 1 3 3 5 2	
				H. Facility's Phone (213) 537-7100	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers	13. Total Quantity	14. Unit	15. Waste No.
a. WASTE PETROLEUM OIL N.O.S., COMBUSTIBLE LIQUID, UN 1270		No. Type	Quantity	Wt/Vol	
b.					
c.					
d.					
J. Additional Descriptions for Materials Listed Above		K. Handling Codes for Wastes Listed Above			
Water soluble oil 2%		a.		b.	
Lubricating oil 20%		c.		d.	
Hydraulic oil 60%					
Water 20%					
15. Special Handling Instructions and Additional Information USE PERSONAL PROTECTIVE EQUIPMENT					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.					
Printed/Typed Name M. McLaughlin		Signature <i>M. McLaughlin</i>		Month Day Year 10/6/13/818	
17. Transporter 1 Acknowledgement of Receipt of Materials					
Printed/Typed Name Loyd D. Dicks		Signature <i>Loyd D. Dicks</i>		Month Day Year 10/11/13/818	
18. Transporter 2 Acknowledgement of Receipt of Materials					
Printed/Typed Name		Signature		Month Day Year	
19. Discrepancy Indication Space					
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.					
Printed/Typed Name <i>Loyd D. Dicks</i>		Signature <i>Loyd D. Dicks</i>		Month Day Year 10/13/13/818	

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

GENERATOR

FACILITY

UNIFORM HAZARDOUS WASTE MANIFEST

Generator's US EPA ID No.

Manifest Document No.

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address

ALLIED SIGNAL, INC. Bendix Electrodynamics Division
11600 Sherman Way, N. Hollywood, CA 91605

4. Generator's Phone (818) 765-1010

5. Transporter 1 Company Name

DISPOSAL CONTROL SERVICE

6.

US EPA ID Number

10A1T013101031411814

7. Transporter 2 Company Name

8.

US EPA ID Number

9. Designated Facility Name and Site Address

CHEM TECK SYSTEMS, INC.
3650 EAST 26th ST.
VERNON, CA 90023

10.

US EPA ID Number

10A1T013101031411814

A. State Manifest Document Number

87238139

B. State Generator's ID

10A1T013101031411814

C. State Transporter's ID

809861

D. Transporter's Phone

(800) 824-3345

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

10A1T013101031411814

H. Facility's Phone

(213) 268-5056

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

a. HAZARDOUS WASTE LIQUID N.O.S., ORM-E, NA 9189

12. Containers
No. Type

001 T T

13. Total Quantity

0,350,00

14. Unit
Wt/Vol

G

15. Waste No.

221

b.

c.

d.

J. Additional Descriptions for Materials Listed Above

Water soluble oils
lubricating oils
water

Per profile

K. Handling Codes for Wastes Listed Above

01

b.

c.

d.

15. Special Handling Instructions and Additional Information

USE APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16.

GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

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Printed/Typed Name

M. McLAUGHLIN

Signature

M. McLaughlin

Month Day Year

10 5 24 88

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Don Wetzel

Signature

Don Wetzel

Month Day Year

10 5 24 88

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

RECEIVED

Month Day Year

10 5 24 88

19. Discrepancy Indication Space

JUN 3 1988

PLANT ENGINEERING

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

ELEO A. NGICHAM-TECH

Signature

Eleo A. Ngicham-Tech

Month Day Year

1 5 24 88

BP 500 13-70-100

**UNIFORM HAZARDOUS
WASTE MANIFEST**

Generator's US EPA ID No.

Manifest
Document No.

2. Page 1

Information in the shaded areas
is not required by Federal law.

3. Generator's Name and Mailing Address

**ALLIED SIGNAL INC. Bendix Electrodynamics Division
11600 Sherman Way, N. Hollywood, CA 91605**

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number

87238137

B. State Generator's ID

CA H 0136009097

5. Transporter 1 Company Name

DISPOSAL CONTROL SERVICE

6. US EPA ID Number

CA T 0130014184

C. State Transporter's ID

CA T 0130014184

D. Transporter's Phone (800) 824-3345

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address

**DEMENNO/KERDOON
1100 N. ALAMEDA ST.
COMPTON, CA 90222**

10. US EPA ID Number

CA T 080019352

G. State Facility's ID

CA T 080019352

H. Facility's Phone

(818) 537-7100

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

**WASTE PETROLEUM OIL N.O.S. , COMBUSTIBLE LIQUID
UN 1270**

12. Containers
No. Type

001 TT 1800 G

13. Total
Quantity

14. Unit
Wt/Vol

15. State No.

221

N/A

J. Additional Descriptions for Materials Listed Above

**Water soluble oil 24
Lubricating oil 203
Hydraulic oil 603
Water 203**

K. Handling Codes for Wastes Listed Above

RECEIVED

RECEIVED

15. Special Handling Instructions and Additional Information

USE PERSONAL PROTECTIVE EQUIPMENT

8 1988

PLANT ENGINEERING

MAY 18 1988

PLANT ENGINEERING

16.

GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name

M. McLaughlin

Signature

M. McLaughlin

Month Day Year

10/4/2/2/8/3

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

DAVE DAVE

Signature

Dave DAVE

Month Day Year

10/4/2/2/8/8

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

Printed/Typed Name

[Signature]

Signature

[Signature]

Month Day Year

1/4/88

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7655

GENERATOR

TRANSPORTER

FACILITY

Please print or type. (Form designed for use on elite or pitch typewriter).

UNIFORM HAZARDOUS WASTE MANIFEST		Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of 2	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address Allied Signal Aerospace Inc., Electrodynamics Division 11600 Sherman Way, North Hollywood, CA 91605		6. US EPA ID Number CA D 0 0 3 3 0 2 9 0 3		A. State Manifest Document Number 37534141	
4. Generator's Phone (818) 755-1010		8. US EPA ID Number		B. State Generator's ID 1H 1A 1H 1D 13 16 10 10 19 10 17	
5. Transporter 1 Company Name Oil and Solvent Process Co.		6. US EPA ID Number CA D 0 0 3 3 0 2 9 0 3		C. State Transporter's ID 106277	
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone (818) 334-5117	
9. Designated Facility Name and Site Address Oil and Solvent Process Co. 1704 W. First Street Azusa, CA 91702		10. US EPA ID Number CA D 0 0 8 3 0 2 9 0 3		E. State Transporter's ID	
				F. Transporter's Phone	
				G. State Facility's ID CA D 0 10 18 13 10 12 19 10 13	
				H. Facility's Phone (818) 334-5117	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No.	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. Waste Flammable Liquid N.O.S., UN 1993 (D001) (waste red oil and Heptane)		01 01 2	DLM	01 01 11 01 0	G State 214 EPA/Other D001
b. RQ, Waste Flammable Liquid N.O.S., UN 1993 (F003, F005) (waste thinner)		01 01 1	DLM	01 01 01 51 0	G State 212 EPA/Other F003, F005
c. Waste Kerosene Combustible Liquid-N.O.S., UN 1223 (F003)		01 01 1	DLM	01 01 01 51 0	G State 221 EPA/Other F003
d. Waste ORM-A N.O.S., UN 1593 (F001) (waste freon)		01 01 1	DLM	01 01 01 51 0	G State 741 EPA/Other F001
J. Additional Descriptions for Materials Listed Above a) Profile LAX F28556 (waste red oil and Heptane) b) F27942 (waste thinner) c) F28609 (waste kerosene) d) G93212 (waste freon)		K. Handling Codes for Wastes Listed Above a. 01 b. 01 c. 01 d. 01			
15. Special Handling Instructions and Additional Information Use Appropriate Personal Protective Equipment. 70					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.					
Printed/Typed Name Robin Oseas		Signature <i>Robin Oseas</i>		Month Day Year 10 7 1988	
17. Transporter 1 Acknowledgement of Receipt of Materials					
Printed/Typed Name ED. GUGGEN		Signature <i>Ed Guggen</i>		Month Day Year 10 7 1988	
18. Transporter 2 Acknowledgement of Receipt of Materials					
Printed/Typed Name		Signature		Month Day Year	
19. Discrepancy Indication Space					
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.					
Printed/Typed Name Mike A. Gilman		Signature <i>Mike A. Gilman</i>		Month Day Year 10 7 1988	

**UNIFORM HAZARDOUS
WASTE MANIFEST
(Continuation Sheet)**

21. Generator's US EPA ID No.

Manifest
Document No.

22. Page

Information in the shaded
areas is not required by Federal
law.

C A D 0 0 8 3 2 5 3 3 4 0 0 0 7 0

2

23. Generator's Name

Allied Signal Aerospace Inc. Electrodynamics Division
11600 Sherman Way, North Hollywood, CA 91605

L. State Manifest Document Number

87534141

M. State Generator's ID

HAH036009097

24. Transporter Company Name

25. US EPA ID Number

N. State Transporter's ID

Oil and Solvent Process Co.

C A D 0 0 8 3 2 0 2 9 0

O. Transporter's Phone (818)334-5117

26. Transporter Company Name

27. US EPA ID Number

P. State Transporter's ID

Q. Transporter's Phone

28. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

29. Containers

30.
Total
Quantity

31.
Unit
Wt/Vol

R.
Waste No.

a.

b.

c.

d.

e. RQ, Waste 1,1,1-Trichloroethane ORM-A
UN 2831 (F001) 4X006513

0 0 5 D M 0 0 2 5 0 G

741
F001

f.

g.

h.

i.

S. Additional Descriptions for Materials Listed Above

e) Profile LAX G93094

T. Handling Codes for Wastes Listed Above

32. Special Handling Instructions and Additional Information

Use appropriate personal protective equipment.

33. Transporter Acknowledgement of Receipt of Materials

Date

Printed/Typed Name

Signature

Month Day Year

34. Transporter Acknowledgement of Receipt of Materials

Date

Printed/Typed Name

Signature

Month Day Year

35. Discrepancy Indication Space

GENERATOR

TRANSPORTER

RECEIVING FACILITY

ED GERRERO

ED GERRERO

9/14/88

**1988 MANIFESTS
(TANK 13 SOIL EXCAVATION)**

**UNIFORM HAZARDOUS
WASTE MANIFEST**

Generator's US EPA ID No

Manifest
Document No.

2 Page 1

Information in the shaded areas
is not required by Federal law

3 Generator's Name and Mailing Address

**ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91606**

4 Generator's Phone (818) 764-1010

5 Transporter 1 Company Name

6

US EPA ID Number

7 Transporter 2 Company Name

8

US EPA ID Number

9 Designated Facility Name and Site Address

10

US EPA ID Number

**CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239**

11 US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12 Containers

No.

Type

13. Total
Quantity

14. Unit
Wt/Vol

15. Waste No.

**RG, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (U226/U228) (contaminated soil)**

99

1

401212

T

State 611/781

EPA/Other 11226/U228

State

EPA/Other

State

EPA/Other

State

EPA/Other

J. Additional Descriptions for Materials Listed Above

PROFILE LAX N 68176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a.

b.

c.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16.

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

11/1/91

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Mike Bennett

Signature

Mike Bennett

Month Day Year

11/1/91

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

Steve Bernal

Signature

Steve Bernal

Month Day Year

11/1/91

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8602; WITHIN CALIFORNIA CALL 1-800-852-7550

GENERATOR

TRANSPORTER

FACILITY

11/1/91

**UNIFORM HAZARDOUS
WASTE MANIFEST**

1. Generator's US EPA ID No.

Manifest
Document No.

2. Page 1
of 1

Information in the shaded areas
is not required by Federal law

3. Generator's Name and Mailing Address

**ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
14800 SHERMAN WAY, N. HOLLYWOOD, CA 91605**

4. Generator's Phone (818) 768-1010

5. Transporter 1 Company Name

Midwest Transport

6. US EPA ID Number

CA1000000000000000

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

**CHEMICAL WASTE MANAGEMENT
35261 OLD SKYLINE DRIVE
KETTMAN CITY, CA 93239**

10. US EPA ID Number

CA1000000000000000

A. State Manifest Document Number
83485529

B. State Generator's ID

C. State Transporter's ID

D. Transporter's Phone (805) 797-1151

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

CA1000000000000000

H. Facility's Phone

(800) 222-2364

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

**RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA9189 (U226/U228) (contaminated soil)**

12. Containers
No. Type

0101 D1T

13. Total
Quantity

10215 T

14. Unit
Wt/Vol

T

I. Waste No.

State
611/751

EPA/Other
U226/U228

State
U226/U228

EPA/Other

State

EPA/Other

State

EPA/Other

J. Additional Descriptions for Materials Listed Above

PROFILE LAL A. 00000

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a. **03**

c.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16.

GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable International and national government regulations.

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Printed/Typed Name

ROBIN OSEAS

Signature

[Signature]

Month Day Year

12/1/92

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Doby HAGAR

Signature

[Signature]

Month Day Year

12/1/92

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

[Signature]

Month Day Year

12/1/92

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19

Printed/Typed Name

STEVE BRECK

Signature

[Signature]

Month Day Year

12/1/92

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

88485529

Please print or type. (Form designed for use on elite or dot matrix typewriter)

Instructions on the Back

**UNIFORM HAZARDOUS
WASTE MANIFEST**

Generator's US EPA ID No.

Manifest
Document No.

2. Page 1

Information in the shaded areas
is not required by Federal law

3. Generator's Name and Mailing Address

**ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91606**

4. Generator's Phone (818) 765-1010

5. Transporter 1 Company Name

6. US EPA ID Number

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

**CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239**

10. US EPA ID Number

A. State Manifest Document Number

88485455

B. State Generator's ID

NAH0000000097

C. State Transporter's ID

CA94476197

D. State Transporter's ID

E. State Transporter's Phone

F. State Facility's ID

CA1000646117

G. Facility's Phone

(909) 322-2964

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

**a. RQ, HAZARDOUS WASTE SOLID, N.O.S. ORN-E
NA 9189 (F001) (contaminated soil)**

12. Containers	13. Total Quantity	14. Unit	15. Waste No.
No.	Type	WT/Vol	
0101	DRUM	55	611/781
			EPA/Other F001
			State
			EPA/Other
			State
			EPA/Other
			State
			EPA/Other

J. Additional Descriptions for Materials Listed Above

PROFILE LAX # 06170

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

03

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16.

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

11/11/88

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Gerald L. Amador

Signature

Gerald L. Amador

Month Day Year

11/11/88

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

11/11/88

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

Printed/Typed Name

STEVEN BRADY

Signature

Steven Brady

Month Day Year

11/11/88

Do Not Write Below This Line

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

88485455

88485454

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

GENERATOR

TRANSPORTER

FACILITY

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.

CAD0008325334

Manifest Document No.

1122418

2. Page 1 of

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address

ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone

818 765-1010

5. Transporter 1 Company Name

Aut & Sons Trucking

6. US EPA ID Number

KA019411-218446

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number

CAT0000646117

A. State Manifest Document Number

83485454

B. State Generator's ID

1111230000017

C. State Transporter's ID

1111230000017

D. Transporter's Phone

818-765-6193

E. State Transporter's ID

1111230000017

F. Transporter's Phone

818-765-6193

G. State Facility's ID

1111230000017

H. Facility Phone

818-765-6193

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (FOO1) (contaminated soil)

12. Containers
No. Type

0 0 1 0 1 7

13. Total Quantity
Unit Wt/Vol

1 0 1 2 1 7 T

14. Waste No.

611/781

J. Additional Descriptions for Materials Listed Above

PROFILE LAX H 65176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a. 03

b.

c.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16.

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

1/1/1978

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

John J. Kelly

Signature

John J. Kelly

Month Day Year

1/1/1978

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

Steve Pickard

Signature

Steve Pickard

Month Day Year

1/1/1978

89.757-18

**UNIFORM HAZARDOUS
WASTE MANIFEST**

1. Generator's US EPA ID No.

Manifest Document No.

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address

**ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91608**

4. Generator's Phone (818) 765-1010

5. Transporter 1 Company Name

FRANK BISHOP TRUCKING

6. US EPA ID Number

8. US EPA ID Number

7. Transporter 2 Company Name

9. Designated Facility Name and Site Address

**CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93229**

10. US EPA ID Number

A. State Manifest Document Number

88485453

B. State Generator's ID

C. State Transporter's ID

D. Transporter's Phone (408) 349-1212

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

H. Facility's Phone (800) 222-2964

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

**RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (FOO1) (contaminated soil)**

12. Containers
No. Type

13. Total Quantity

14. Unit
Wt/Vol

I. Waste No.

00101021412

T

State 611/781

EPA/Other F001

State

EPA/Other

State

EPA/Other

State

EPA/Other

J. Additional Descriptions for Materials Listed Above

PROFILE LAX H 65176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a. 03

c.

b.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

11/12/88

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

FRANK BISHOP

Signature

Frank Bishop

Month Day Year

11/10/88

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

STEVE BISHOP

Signature

Steve Bishop

Month Day Year

11/19/88

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

88485453

Instructions on the back

UNIFORM HAZARDOUS
WASTE MANIFEST

1. Generator's US EPA ID No.

Manifest
Document No.

2. Page 1
of 1

Information in the shaded areas
is not required by Federal law.

3. Generator's Name and Mailing Address

ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

5. Transporter 1 Company Name

6

US EPA ID Number

FRANK BISHOP TRUCKING

8

US EPA ID Number

7. Transporter 2 Company Name

9. Designated Facility Name and Site Address

10.

US EPA ID Number

CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10A10000040117

(800) 222-2964

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers
No. Type

13. Total
Quantity

14. Unit
Wt./Vol

L
Waste No.

a. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (F001) (contaminated soil)

001 D102K1Y12

State
EPA/Other
F001

b.

State
EPA/Other

c.

State
EPA/Other

d.

State
EPA/Other

J. Additional Descriptions for Materials Listed Above

PROFILE LAX H 65176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a.

03

b.

c.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

11/11/88

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

FRANK BISHOP

Signature

Frank Bishop

Month Day Year

11/10/88

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

STEVE BISHOP

Signature

Steve Bishop

Month Day Year

11/19/88

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

88485453

Instructions on the back

UNIFORM HAZARDOUS
WASTE MANIFEST

Generator's US EPA ID No.

Manifest
Document No.

2. Page 1
of

Information in the shaded areas
is not required by Federal law.

3. Generator's Name and Mailing Address

ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91608

4. Generator's Phone ()

818 768-1010

5. Transporter 1 Company Name

6. US EPA ID Number

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers
No. Type

13. Total
Quantity

14. Unit
Wt/Vol

1. Waste No.

a. RQ, HAZARDOUS WASTE SOLID, H.O.S., OM-E
NA 9189 (F001) (contaminated soil)

001 NT 001/0215 T

State
EPA/Other
F001

b.

State
EPA/Other

c.

State
EPA/Other

d.

State
EPA/Other

J. Additional Descriptions for Materials Listed Above

PROFILE LAX H 65176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a.

b.

c.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16.

GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

12/12/1988

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Tim Butler

Signature

Tim Butler

Month Day Year

1/1/1989

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

Harold Blair Jr

Signature

Harold Blair Jr

Month Day Year

1/1/1989

Do Not Write Below This Line

Yellow: TSD/ SENDS THIS COPY TO GENERATOR WITHIN 30

88485452
IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

Instructions on the back

**UNIFORM HAZARDOUS
WASTE MANIFEST**

Generator's US EPA ID No.

Manifest
Document No.

2 Page 1
of

Information in the shaded areas
is not required by Federal law

5 Generator's Name and Mailing Address

**ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605**

4 Generator's Phone (818) 765-1010

6 Transporter 1 Company Name

8 US EPA ID Number

7 Transporter 2 Company Name

9 US EPA ID Number

9 Designated Facility Name and Site Address

10 US EPA ID Number

**CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTERMAN CITY, CA 93239**

A. State Manifest Document Number
88485451

B. State Generator's ID

C. State Transporter's ID

D. Transporter's Phone (805) 393-1151

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

H. Facility's Phone (800) 822-2984

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers
No. Type

13. Total
Quantity

14. Unit
Wt/Vol

15. Waste No.

**RQ, HAZARDOUS WASTE SOLID, N.O.S., 004-E
NA 9189 (F001) (contaminated soil)**

001 BT

120125

T

State
811/751

EPA/Other
F001

State
751

EPA/Other

State

EPA/Other

State

EPA/Other

J. Additional Descriptions for Materials Listed Above

PROFILE LAX N 65176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a. **03**

c.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16.

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

11/01/88

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

CRAIG MCKENZIE

Signature

Craig McKenzie

Month Day Year

11/01/88

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

Printed/Typed Name

Steve Pickell

Signature

Steve Pickell

Month Day Year

11/01/88

0040004000
E CENTER 1-800-424-6802; WITHIN CALIFORNIA CALL 1-800-852-7550

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL HAZARDOUS WASTE CENTER 1-800-424-6802; WITHIN CALIFORNIA CALL 1-800-852-7550

FACILITY

**UNIFORM HAZARDOUS
WASTE MANIFEST**

1. Generator's US EPA ID No.

CA 90009325334

Manifest
Document No.

000141

2. Page 1
of

Information in the shaded areas
is not required by Federal law.

3. Generator's Name and Mailing Address

ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 768-1010

6. Transporter 1 Company Name

6. US EPA ID Number

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

10. US EPA ID Number

CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLERMAN CITY, CA 93239

CAT 000046117

A. State Manifest Document Number

88485450

B. State Generator's ID

C. State Transporter's ID

D. Transporter's Phone

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

H. Facility's Phone

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers

No.

Type

13. Total Quantity

Unit

Wt/Vol

I. Waste No.

a. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (F001) (contaminated soil)

001

1000

Y

State

CA 11/781

EPA/Other

F001

J. Additional Descriptions for Materials Listed Above

PROFILE LAX H 65176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a.

b.

c.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

12/1/88

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

MPVACUUM DON PORTER

Signature

Don Porter

Month Day Year

11/13/88

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

Printed/Typed Name

Steve Pickert

Signature

Steve Pickert

Month Day Year

1/10/88

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

**UNIFORM HAZARDOUS
WASTE MANIFEST**

Generator's US EPA ID No.

Manifest
Document No.

2. Page 1
of 1

Information in the shaded areas
is not required by Federal law

3. Generator's Name and Mailing Address

**ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605**

4. Generator's Phone (818) 765-1010

5. Transporter 1 Company Name

6. US EPA ID Number

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

10. US EPA ID Number

**CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239**

CIAT0006461117

A. State Manifest Document Number

88485449

B. State Generator's ID

CIAT0006461117

C. State Transporter's ID

802993

D. Transporter's Phone

805-333-1151

E. State Transporter's ID

CIAT0006461117

F. Facility's Phone

(800) 222-2964

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers
No Type

13. Total
Quantity

14. Unit
Wt/Vol

L
Waste No.

a. **RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (F001) (contaminated soil)**

0,01 D,T 0101245T

State **611/791**

EPA/Other **F001**

b.

State

EPA/Other

c.

State

EPA/Other

d.

State

EPA/Other

J. Additional Descriptions for Materials Listed Above

PROFILE LAX # 68176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a. **03**

b.

c.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTICE EQUIPMENT

16.

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

11/1/88

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

AL WALKER

Signature

al walker

Month Day Year

11/10/88

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

Steve Pickens

Signature

Steve Pickens

Month Day Year

11/1/88

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

88485449

GENERATOR

TRANSPORTER

FACILITY

2243212

Instructions on the back

UNIFORM HAZARDOUS
WASTE MANIFEST

Generator's US EPA ID No.

Manifest
Document No.

2. Page 1
of

Information in the shaded areas
is not required by Federal law.

3. Generator's Name and Mailing Address

ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone

818 768-1010

5. Transporter 1 Company Name

Frank Bishop Company

6. US EPA ID Number

CA0000832533

7. Transporter 2 Company Name

8. US EPA ID Number

CA0000832533

9. Designated Facility Name and Site Address

CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number

CA0000832533

A. State Manifest Document Number

88485448

B. State Generator's ID

CA0000832533

C. State Transporter's ID

CA0000832533

D. Transporter's Phone

818 768-1010

E. State Transporter's ID

CA0000832533

F. Transporter's Phone

818 768-1010

G. State Facility's ID

CA0000832533

H. Facility's Phone

818 768-1010

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

RQ, HAZARDOUS WASTE SOLID, N.O.S., ORN-E
NA 9180 (PO01) (contaminated soil)

12. Containers

No. Type

0101 DIT

13. Total Quantity

1.000

Unit

Wt/Vol

T

14. Waste No.

611/781

EPA/Other

PO01

J. Additional Descriptions for Materials Listed Above

PROFILE LAX TROOPS

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a.

03

b.

c.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

11/1/88

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

FRANK BISHOP

Signature

Frank Bishop

Month Day Year

10/31/88

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

STEVE BRIDEN

Signature

Steve Briden

Month Day Year

1/10/91

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

88485448

Please print or type (Form designed for use on slash-pitch typewriter).

Instructions on the back

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No

Manifest
Document No.

2. Page 1
of 1

Information in the shaded areas
is not required by Federal law.

3. Generator's Name and Mailing Address

**ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605**

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number

88485447

B. State Generator's ID

MAN010000007

C. State Transporter's ID

902666

D. Transporter's Phone (805) 793-1151

E. State Transporter's ID

F. Transporter's Phone

5. Transporter 1 Company Name

6

US EPA ID Number

MP Environmental Service

KAT000000012/12/92

7. Transporter 2 Company Name

8

US EPA ID Number

9. Designated Facility Name and Site Address

**CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239**

10

US EPA ID Number

KAT00000046117

G. State Facility's ID

CAT00000046117

H. Facility's Phone

(800) 222-2964

11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers

No.

Type

13. Total
Quantity

14. Unit
Wt/Vol

L
Waste No.

a. **RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (F001) (contaminated soil)**

99 47 0023 1/4 T

State

611/781

EPA/Other

F001

b.

c.

d.

13. Additional Descriptions for Materials Listed Above

PROFILE LAR N 00170

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a.

03

b.

c.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16.

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

10/31/88

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

PAUL H. FURBER

Signature

Paul H. Furber

Month Day Year

10/31/88

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

11/11/88

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

Printed/Typed Name

STEVEN KASPER

Signature

Steven Kasper

Month Day Year

10/31/88

88485447

GENERATOR

TRANSPORTER

FACILITY

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-9802 WITHIN CALIFORNIA CALL 1-800-852-7550

Instructions on the back

UNIFORM HAZARDOUS
WASTE MANIFEST

Generator's US EPA ID No.

Manifest
Document No.

2. Page 1
of

Information in the shaded areas
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3. Generator's Name and Mailing Address

ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91608

4. Generator's Phone

818 765-1010

5. Transporter 1 Company Name

6. US EPA ID Number

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

10. US EPA ID Number

CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTERMAN CITY, CA 93239

A. State Manifest Document Number

88485446

B. State Generator's ID

C. State Transporter's ID

D. Transporter's Phone

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

H. Facility's Phone

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers

13. Total Quantity

Unit

Waste No.

a. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (FOO1) (contaminated soil)

001 RT 1000 222-2954

State
EPA/Other
611/781
FOO1

b.

State
EPA/Other

c.

State
EPA/Other

d.

State
EPA/Other

J. Additional Descriptions for Materials Listed Above

PROFILE LAX N 00176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a.

b.

c.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

1/17/88

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

CRAB MCKENZIE

Signature

Crab McKenzie

Month Day Year

1/13/88

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

Signature

Month Day Year

1/11/88

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

88485446

Instructions on the back

**UNIFORM HAZARDOUS
WASTE MANIFEST**

1. Generator's US EPA ID No.

Manifest
Document No.

2. Page 1

Information in the shaded areas
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3. Generator's Name and Mailing Address

**ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605**

4. Generator's Phone (818) 765-1010

5. Transporter 1 Company Name

6

US EPA ID Number

7. Transporter 2 Company Name

8

US EPA ID Number

9. Designated Facility Name and Site Address

10

US EPA ID Number

**CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239**

CAT000646117

A. State Manifest Document Number

88485445

B. State Generator's ID

MAN038019091

C. State Transporter's ID

902943

D. Transporter's Phone

805-35-1151

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

CAT000646117

H. Facility's Phone

(800) 222-2964

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers

No.

Type

13. Total

Quantity

14. Unit

Wt/Vol

1. Waste No.

**RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (FOO1) (contaminated soil)**

001

DT

4025

T

State

611/781

EPA/Other

FOO1

State

EPA/Other

State

EPA/Other

State

EPA/Other

State

EPA/Other

State

EPA/Other

J. Additional Descriptions for Materials Listed Above

PROFILE LAX H 88176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a.

03

b.

c.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

11/17/88

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

AL WALKER

Signature

Al Walker

Month Day Year

11/13/1813

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

Printed/Typed Name

STEVE WALKER

Signature

Steve Walker

Month Day Year

11/17/88

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

88485445

**UNIFORM HAZARDOUS
WASTE MANIFEST**

Generator's US EPA ID No.

Manifest
Document No.

2 Page 1
of

Information in the shaded areas
is not required by Federal law.

3. Generator's Name and Mailing Address

**ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605**

4. Generator's Phone

818 765-1010

5. Transporter 1 Company Name

6

US EPA ID Number

7. Transporter 2 Company Name

8

US EPA ID Number

9. Designated Facility Name and Site Address

10

US EPA ID Number

**CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239**

CA T 000 6 4 6 1 1 7

A. State Manifest Document Number

88485444

B. State Generator's ID

NA 9189 0001

C. State Transporter's ID

9402 872 3228

D. Transporter's Phone

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

H. Facility's Phone

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers

No.

Type

13. Total
Quantity

Unit
Wt/Vol

I. Waste No.

**RG, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (FOO1) (contaminated soil)**

01 01 1

DI T

162136

T

11/781

FOO1

J. Additional Descriptions for Materials Listed Above

PROFILE LAX H 85176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a.

b.

c.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

18.

GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

11/13/88

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

Steve Pickell

Signature

Steve Pickell

Month Day Year

1/10/88

Do Not Write Below This Line

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30

Instructions on the back

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION 11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605		6. US EPA ID Number CA 0008325334		A. State Manifest Document Number 83485440	
4. Generator's Phone (818) 765-1010		7. Transporter 1 Company Name MPV-1 Trucking		B. State Generator's ID HAHQ3101010101	
5. Transporter 1 Company Name		8. US EPA ID Number		C. State Transporter's ID 943680	
7. Transporter 2 Company Name		9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT 35251 OLD SKYLINE DRIVE KETTLEMAN CITY, CA 93239		D. Transporter's Phone 805-7931151	
10. US EPA ID Number		11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) a. RQ, HAZARDOUS WASTE SOLID, H.O.S., ORM-E NA 9189 (FOO1) (contaminated soil)		E. State Transporter's ID	
12. Containers No. Type 0, 0, 1 D T		13. Total Quantity 0.01		F. Transporter's Phone	
14. Unit Wt/Vol T		15. Special Handling Instructions and Additional Information WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT		G. State Facility's ID CA11010101010101	
16. J. Additional Descriptions for Materials Listed Above PROFILE LAX N 68176 CONTAMINATED SOIL FROM SITE REMEDIATION		K. Handling Codes for Wastes Listed Above a. 03		H. Facility's Phone (800) 222-2964	
17. Generator's Certification I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment. OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.					
Printed/Typed Name RODIA OSEAS		Signature <i>[Signature]</i>		Month Day Year 11/21/18	
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name CHUCK STURZEN		Signature <i>[Signature]</i>		Month Day Year 11/03/18	
18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name		Signature		Month Day Year	
19. Discrepancy Indication Space					
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19. Printed/Typed Name STEVEN AUSTIN RE					
Signature <i>[Signature]</i>					
Month Day Year 11/21/18					

30403440
E CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RE.

Please print or type (Form designed for use on a 2-pitch typewriter)

Instructions on the back

UNIFORM HAZARDOUS WASTE MANIFEST		Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION 11600 SHERMAN WAY, N. HOLLYWOOD, CA 91608		6. US EPA ID Number QAD008328334		A. State Manifest Document Number 88485439	
4. Generator's Phone 818 766-1010		7. Transporter 1 Company Name MP Truck Service		B. State Generator's ID HA0036000097	
5. Transporter 1 US EPA ID Number HA0036000097		8. US EPA ID Number HA0036000097		C. State Transporter's ID 977658	
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone 805-393-1157	
9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT 35251 OLD SKYLINE DRIVE KETTLERMAN CITY, CA 93239		10. US EPA ID Number QAT0000640117		E. State Transporter's ID QAT0000640117	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (FO01) (contaminated soil)		12. Containers No. Type 99 47 100 20 T		13. Total Quantity 100 20 T	
b.		14. Unit Wt/Vol T		15. Waste No. State 611/781 EPA/Other FO01	
c.		14. Unit Wt/Vol		15. Waste No. State 611/781 EPA/Other FO01	
d.		14. Unit Wt/Vol		15. Waste No. State 611/781 EPA/Other FO01	
J. Additional Descriptions for Materials Listed Above PROFILE LAX H 66176 CONTAMINATED SOIL FROM SITE REMEDIATION		K. Handling Codes for Wastes Listed Above a. 03		b.	
15. Special Handling Instructions and Additional Information WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT		c.		d.	
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.					
Printed/Typed Name ROBIN OSEAS		Signature <i>Robin Oseas</i>		Month Day Year 10 12 88	
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name WELSON R CHAMBERS		Signature <i>Welson R Chambers</i>		Month Day Year 10 12 88	
18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name		Signature		Month Day Year	
19. Discrepancy Indication Space					
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19. Printed/Typed Name STEVE BRADEN JR					
Signature <i>Steve Braden Jr</i>		Month Day Year 10 12 88			

Instructions on the back

UNIFORM HAZARDOUS
WASTE MANIFEST

1. Generator's US EPA ID No.

Manifest
Document No.

2. Page 1

Information in the shaded areas
is not required by Federal law.

3. Generator's Name and Mailing Address

ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605
818 765-1010

A. State Manifest Document Number

88485438

B. State Generator's ID

11111111111111111111

5. Transporter 1 Company Name

6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address

10. US EPA ID Number

G. State Facility's ID

H. Facility's Phone

CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTERMAN CITY, CA 93239

CAT0000646117

(800) 222-2864

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers
No. Type

13. Total
Quantity

14. Unit
Wt/Vol

15. Waste No.

a. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (FOO1) (contaminated soil)

0 0 1 D T 0 0 2 1 4 1 5 T

State
EPA/Other
611/781
FOO1

b.

State
EPA/Other

c.

State
EPA/Other

d.

State
EPA/Other

J. Additional Descriptions for Materials Listed Above

PROFILE LAX N 00178

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a. D3

b.

c.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16.

GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

11/12/1988

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

WIC McKenzie

Signature

WIC McKenzie

Month Day Year

11/12/1988

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

Printed/Typed Name

Steve Smith

Signature

Steve Smith

Month Day Year

11/12/1988

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802. WITHIN CALIFORNIA CALL 1-800-852-7550

88485438

88485437

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

GENERATOR

TRANSPORTER

FACILITY

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No
C A D 0 0 8 3 2 5 3 3 4 0 0 8 3 1

2. Page 1 of 1
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address

ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number
88485437

B. State Generator's ID
N A N Q 3 6 0 0 9 0 8 7

C. State Transporter's ID
9 0 7 2 0 0

D. Transporter's Phone
7 1 4 3 3 3 7 1 7 2

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID
C A T 0 0 0 6 4 6 1 1 7

H. Facility's Phone
(800) 222-2964

5. Transporter 1 Company Name
M P Union Truck & Equipment Co

6. US EPA ID Number
C A T 0 0 0 6 4 6 1 1 7

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number
C A T 0 0 0 6 4 6 1 1 7

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

a. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (F001) (contaminated soil)

12. Containers	13. Total Quantity	14. Unit	15. Waste No.
No.	Type	Wt/Vol	
0, 0, 1	DOT	OPR P 1/2 T	State 611/751 EPA/Other F001
			State EPA/Other
			State EPA/Other
			State EPA/Other

J. Additional Descriptions for Materials Listed Above

PROFILE LAX N 65176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a. 03
b.
c.
d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16.

GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

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Printed/Typed Name

ROBIN OZEAS

Signature

Robin Ozeas

Month Day Yr

11 02 88

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Michael Bennett

Signature

Michael Bennett

Month Day Yr

11 02 88

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Yr

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

Printed/Typed Name

STARR BLANK OR

Signature

Starr Blank

Month Day Yr

11 02 88

83652-23

Instructions on the back

UNIFORM HAZARDOUS
WASTE MANIFEST

Generator's US EPA ID No

Manifest
Incident No.

2 Page 1

Information in the shaded areas
is not required by Federal law.

3 Generator's Name and Mailing Address

ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4 Generator's Phone

818 765-1010

5 Transporter 1 Company Name

6

US EPA ID Number

7 Transporter 2 Company Name

8

US EPA ID Number

9 Designated Facility Name and Site Address

10

US EPA ID Number

CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

1 CAT 000646117

State Facility's ID

1 CAT 000646117

H Facility's Phone

(800) 222-2864

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers

No. Type

13. Total Quantity

14. Unit
Wt/Vol

15. Waste No.

a. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (FOO1) (contaminated soil)

0,01 DT

20235 T

State
EPA/Other
611/TH1
FOO1

b.

c.

d.

J. Additional Descriptions for Materials Listed Above

PROFILE LAX N 65176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a. 03

c.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16.

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

11/02/1988

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

AL WALKER

Signature

alwalker

Month Day Year

11/02/1988

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

STEVE BAKER

Signature

Steve Baker

Month Day Year

11/02/1988

Do Not Write Below This Line

Yellow: TSD/ SENDS THIS COPY TO GENERATOR WITHIN 30

88485436
IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

88485435

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

GENERATOR

TRANSPORTER

FACILITY

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. C A D 0 0 8 3 2 5 3 3 4	Manifest Document No. 4221	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION 11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605			A. State Manifest Document Number 88485435		
4. Generator's Phone (818 765-1010			B. State Generator's ID 11111111111111111111		
5. Transporter 1 Company Name <i>ATC Environmental Service</i>			C. State Transporter's ID 903284		
6. Transporter 1 US EPA ID Number CAT000024247			D. Transporter's Phone 7805-373-1157		
7. Transporter 2 Company Name			E. Transporter's ID		
8. Transporter 2 US EPA ID Number			F. Transporter's Phone		
9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT 35251 OLD SKYLINE DRIVE KETTLEMAN CITY, CA 93239			G. State Facility's ID CAT000046117		
10. Facility's US EPA ID Number CAT0000646117			H. Facility's Phone (800) 222-2964		
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No. Type	13. Total Quantity	14. Unit WT/Vol	15. Waste No.
a. RG, HAZARDOUS WASTE SOLID, N.O.S., ORN-E NA 9189 (F001) (contaminated soil)		0 0 1 4 T	400217	T	State 611/781 EPA/Other F001
b.					State EPA/Other
c.					State EPA/Other
d.					State EPA/Other
J. Additional Descriptions for Materials Listed Above PROFILE LAX # 66176 CONTAMINATED SOIL FROM SITE REMEDIATION			K. Handling Codes for Wastes Listed Above a. 03 b. c. d.		
15. Special Handling Instructions and Additional Information WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.					
Printed/Typed Name ROBIN OSEAS		Signature <i>Robin Oseas</i>		Month Day Year 11/15/81	
17. Transporter 1 Acknowledgement of Receipt of Materials					
Printed/Typed Name Robert R Costa		Signature <i>Robert R Costa</i>		Month Day Year 11/02/81	
18. Transporter 2 Acknowledgement of Receipt of Materials					
Printed/Typed Name		Signature		Month Day Year	
19. Discrepancy Indication Space					
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.					
Printed/Typed Name Steve Pichner		Signature <i>Steve Pichner</i>		Month Day Year 11/02/81	

Instructions on the back

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION 11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605		4. Generator's Phone 818 765-1010		5. Transporter 1 Company Name MC WILSON TANK & TRAILER RENTALS		6. US EPA ID Number 01012 DIT	
7. Transporter 2 Company Name		8. US EPA ID Number		9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT 35251 OLD SKYLINE DRIVE KETTLEWELL CITY, CA 93239		10. US EPA ID Number 01010 06461117	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No. Type		13. Total Quantity		14. Unit Wt/Vol	
a. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (FOO1) (contaminated soil)		01012 DIT 01012115		Y		State Waste No. 611/761 EPA/Other FOO1	
b.						State EPA/Other	
c.						State EPA/Other	
d.						State EPA/Other	
J. Additional Descriptions for Materials Listed Above PROFILE LAX H 65176 CONTAMINATED SOIL FROM SITE REMEDIATION		K. Handling Codes for Wastes Listed Above a. 03		b.		c.	
15. Special Handling Instructions and Additional Information WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT							
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.		Printed/Typed Name ROBIN OSEAS		Signature <i>Robin Oseas</i>		Month Day Year 1/12/81	
17. Transporter 1 Acknowledgement of Receipt of Materials		Printed/Typed Name Curtis Flowers		Signature <i>Curtis Flowers</i>		Month Day Year 1/12/81	
18. Transporter 2 Acknowledgement of Receipt of Materials		Printed/Typed Name		Signature		Month Day Year	
19. Discrepancy Indication Space							
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.		Printed/Typed Name Steve Pichard		Signature <i>Steve Pichard</i>		Month Day Year 1/02/81	

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

GENERATOR

TRANSPORTER

Do Not Write Below This Line

Yellow: TSD/ SENDS THIS COPY TO GENERATOR WITHIN 30 D.

1-2651-01

Instructions on the back

UNIFORM HAZARDOUS
WASTE MANIFEST

1. Generator's US EPA ID No.:

CA 0008325334

Manifest
Document No. 1

2. Page 1
of 1

Information in the shaded areas
is not required by Federal law.

3. Generator's Name and Mailing Address

ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

5. Transporter 1 Company Name

MPV Environmental Service

6. US EPA ID Number

CA T000012424

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number

CA T0000646117

A. State Manifest Document Number
88485433

B. State Generator's ID

CA 0008325334

C. State Transporter's ID

CA T000012424

D. Transporter's Phone

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

CA T0000646117

H. Facility's Phone

(800) 222-2064

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

a. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (FOO1) (contaminated soil)

Q Q 1 9 1 2 4 2 4 Y

b.

c.

d.

J. Additional Descriptions for Materials Listed Above

PROFILE LAX N 66178

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

03

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16.

GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

10/28/88

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Richard D. Bennett

Signature

Richard D. Bennett

Month Day Year

11/2/88

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

Printed/Typed Name

Steve Pichler

Signature

Steve Pichler

Month Day Year

10/28/88

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7660

88485433

2015-2-07

Instructions on the back

88048100

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

GENERATOR

TRANSPORTER

FACILITY

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No CA 9008325334		2. Page 1 of 1		Information in the shaded areas is not required by Federal law	
3. Generator's Name and Mailing Address ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION 11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605		A. State Manifest Document Number 88048100			
4. Generator's Phone (818) 765-1010		B. State Generator's ID			
5. Transporter 1 Company Name D. SPINEL CONTROL SERV. CATO 90034124		6. US EPA ID Number		C. State Transporter's ID	
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone (714) 773-0341	
9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT 35251 OLD SKYLINE DRIVE KETTLEMAN CITY, CA 93239		10. US EPA ID Number		E. State Transporter's ID	
				F. Transporter's Phone	
				G. State Facility's ID	
				H. Facility's Phone (800) 222-2964	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) "RG, Hazardous Waste Solid, A105, ORM-E NA 9189 (DOT) Trash Contaminated with Chromium VI Profile LAX H 05307 -Trash contaminated with Chrome		12. Containers No. Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No. State EPA/Other State EPA/Other State EPA/Other
J. Additional Descriptions for Materials Listed Above		K. Handling Codes for Wastes Listed Above a. b. c. d.			
15. Special Handling Instructions and Additional Information WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.					
Printed/Typed Name ROBIN OSEAS		Signature Robin Oseas		Month Day Year 11/14/84	
17. Transporter 1 Acknowledgement of Receipt of Materials		Printed/Typed Name ROBERT J. RIDER		Signature Robert J. Rider	
18. Transporter 2 Acknowledgement of Receipt of Materials		Printed/Typed Name		Signature	
19. Discrepancy Indication Space					
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.					
Printed/Typed Name John Kidwell		Signature John Kidwell		Month Day Year 11/14/84	

IN CASE OF AN EMERGENCY OR SPILL CALL THE NATIONAL FIRE

Print or type. (Form designed for use on elite (12 typewriter)

Instructions on the Back

**UNIFORM HAZARDOUS
WASTE MANIFEST**

1. Generator's US EPA ID No.

Manifest
Document No.

2. Page 1

Information in the shaded areas
is not required by Federal law.

3. Generator's Name and Mailing Address

**ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605**

4. Generator's Phone

818 765-1010

5. Transporter 1 Company Name

6. US EPA ID Number

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

**CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239**

10. US EPA ID Number

A. State Manifest Document Number

88485442

B. State Generator's ID

C. State Transporter's ID

D. Transporter's Phone

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

H. Facility's Phone

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers

13. Total
Quantity

14. Unit
Wt./Vol

1. Waste No.

a. **RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (FOO1) (contaminated soil)**

No

Type

1012 MB

T

State

**611/761
FOO1**

J. Additional Descriptions for Materials Listed Above

PROFILE LAX N-00178

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a.

03

b.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16.

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

1/03/88

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Earl Hester

Signature

Earl Hester

Month Day Year

1/03/88

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

Steve Pickens

Signature

Steve Pickens

Month Day Year

1/03/88

Do Not Write Below This Line

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-862-7550

Instructions on the Back

88485441

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

GENERATOR

TRANSPORTER

FACILITY

UNIFORM HAZARDOUS
WASTE MANIFEST

1. Generator's US EPA ID No.

Manifest
Document No.

2. Page 1

Information in the shaded areas
is not required by Federal law

3. Generator's Name and Mailing Address

ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818 765-1010

5. Transporter 1 Company Name

6. US EPA ID Number

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number

A. State Manifest Document Number

88485441

B. State Generator's ID

C. State Transporter's ID

D. Transporter's Phone (800 877-3773

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

H. Facility's Phone (800) 877-3773

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (F001) (contaminated soil)

12. Containers

No. Type

13. Total
Quantity

14. Unit
Wt/Vol

1. Waste No.

0 0 1 D T 0 1 0 2 5 T

State

EPA/Other

State

EPA/Other

State

EPA/Other

State

EPA/Other

J. Additional Descriptions for Materials Listed Above

PROFILE LAT H 00176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a.

03

b.

c.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL A PROTECTIVEEQUIPMENT

16.

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Y

11/9/88

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Don Wetzel

Signature

Don Wetzel

Month Day Y

11/12/88

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Y

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

STEVE BROWN ET

Signature

Steve Brown

Month Day Y

11/30/88

1566708

Instructions on the Back

UNIFORM HAZARDOUS
WASTE MANIFEST

1. Generator's US EPA ID No.

CAD0008328334

Manifest
Document No.

2. Page 1
of 1

Information in the shaded areas
is not required by Federal law

3. Generator's Name and Mailing Address

ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone ()

818 765-1010

5. Transporter 1 Company Name

6. US EPA ID Number

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number

CA10000646117

A. State Manifest Document Number

88485482

B. State Generator's ID

CA10000646117

C. State Transporter's ID

911652

D. Transporter's Phone ()

707 373-1257

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

CA10000646117

H. Facility's Phone

(800) 222-2964

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

a. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (FOO1) (contaminated soil)

12. Containers
No. Type

0101 DIT

13. Total
Quantity

14. Unit
Wt/Vol

15. Waste No.

State 611/751

EPA/Other F001

State

EPA/Other

State

EPA/Other

State

EPA/Other

J. Additional Descriptions for Materials Listed Above

PROFILE LAX H 00170

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a. 03

c.

b.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16.

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

11/12/88

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

GERALD FOUTCH

Signature

Gerald Foutch

Month Day Year

11/12/88

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

11

Month Day Year

11/12/88

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

STEVEN BROWN JR

Signature

Steven Brown Jr

Month Day Year

11/12/88

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-6802, WITHIN CALIFORNIA CALL 1-800-852-7550

88485432

Please print or type (Form designed for use on elite (12 pin typewriter).

Instructions on the Back

88485431

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.

CA D 0 0 8 3 2 6 3 3 4

Manifest
Document No.

2. Page 1
of 1

Information in the shaded areas
is not required by Federal law.

3. Generator's Name and Mailing Address

ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818 765-1010

A. State Manifest Document Number

88485431

B. State Generator's ID

CA 0026009997

C. State Transporter's ID

705230

D. Transporter's Phone (805) 293-1151

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

CA T 0 0 0 6 4 6 1 1 7

H. Facility's Phone

(800) 222-2964

9. Designated Facility Name and Site Address

CHEMICAL WASTE MANAGEMENT
35261 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number

CA T 0 0 0 6 4 6 1 1 7

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9180 (F001) (contaminated soil)

12. Containers
No Type

0 0 1 D T 0 0 0 2 4 T

13. Total
Quantity

14. Unit
Wt/Vol

L
Waste No.

State 611/781

EPA/Other 7002

State

EPA/Other

State

EPA/Other

State

EPA/Other

J. Additional Descriptions for Materials Listed Above

PROFILE LAX N 00176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a. 03

b.

c.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16.

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

11/27/88

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

GROVER CHESTWOOD

Signature

Grover Chestwood

Month Day Year

11/27/88

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

11/27/88

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

STEVE SHAW

Signature

Steve Shaw

Month Day Year

11/27/88

Please print or type. (Form designed for use on elite (12-pitch typewriter).

Instructions on the Back

88485430

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-952-7550

GENERATOR

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. CA D 0 0 8 3 2 8 3 3 4		Manifest Document No. 11/2/81		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.									
3. Generator's Name and Mailing Address ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION 11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605						A. State Manifest Document Number 88485430											
4. Generator's Phone (818) 765-1010						B. State Generator's ID 11/2/81											
5. Transporter 1 Company Name M.P. Transport Services						C. State Transporter's ID 702666											
6. Transporter 1 US EPA ID Number CA T 0 0 0 1 2 1 2 1 2						D. Transporter's Phone (405) 793-1151											
7. Transporter 2 Company Name						E. State Transporter's ID											
8. Transporter 2 US EPA ID Number						F. Transporter's Phone											
9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT 35251 OLD SKYLINE DRIVE KETTLEMAN CITY, CA 93239						G. State Facility's ID CA T 0 0 0 6 4 6 1 1 7											
10. US EPA ID Number CA T 0 0 0 6 4 6 1 1 7						H. Facility's Phone (800) 222-2884											
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers No. Type		13. Total Quantity		14. Unit Wt/Vol		15. Waste No.					
a. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (FO01) (contaminated soil)						0 0 1 DT		11219		T		State 11/2/81 EPA/Other FO01					
b.												State 11/2/81 EPA/Other					
c.												State 11/2/81 EPA/Other					
d.												State 11/2/81 EPA/Other					
J. Additional Descriptions for Materials Listed Above PROFILE LAX N 05176 CONTAMINATED SOIL FROM SITE REMEDIATION						K. Handling Codes for Wastes Listed Above a. 03		b.		c.		d.					
15. Special Handling Instructions and Additional Information WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT																	
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.																	
Printed/Typed Name ROBIN OSEAS						Signature <i>Robin Oseas</i>				Month Day Year 11/02/81							
17. Transporter 1 Acknowledgement of Receipt of Materials						Printed/Typed Name ROBERT W. FUR LUNG				Signature <i>Robert W. Fur Lung</i>				Month Day Year 11/02/81			
18. Transporter 2 Acknowledgement of Receipt of Materials						Printed/Typed Name				Signature				Month Day Year			
19. Discrepancy Indication Space																	
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.																	
Printed/Typed Name STEVE BERRIN						Signature <i>Steve Berrin</i>				Month Day Year 11/02/81							

FACILITY

**UNIFORM HAZARDOUS
WASTE MANIFEST**

1. Generator's US EPA ID No.

CAD008328334

Manifest
Document No.

2. Page 1
of 1

Information in the shaded areas
is not required by Federal law.

3. Generator's Name and Mailing Address

**ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605**

4. Generator's Phone (818)

765-1010

5. Transporter 1 Company Name

MT Union Truck Service

6

US EPA ID Number

CAT000624247

7. Transporter 2 Company Name

8

US EPA ID Number

9. Designated Facility Name and Site Address

**CHEMICAL WASTE MANAGEMENT
38251 OLD SKYLINE DRIVE
KETTMAN CITY, CA 93239**

10

US EPA ID Number

CAT000646117

A. State Manifest Document Number

88485429

B. State Generator's ID

NAH030001007

C. State Transporter's ID

903667

D. Transporter's Phone (805) 393-1151

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

CAT000646117

H. Facility's Phone

(800) 222-2964

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

**RQ, HAZARDOUS WASTE SOLID, N.O.S., 09H-E
NA 9189 (FOOI) (contaminated soil)**

12. Containers
No. Type

991 9T 90425 T

13. Total
Quantity

14. Unit
Wt/Vol

1. Waste No.

Date 6/11/78

EPA/Other FOOI

J. Additional Descriptions for Materials Listed Above

PROFILE LAX N 66176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a. 03

c.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16.

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

11/02/78

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

AL WALKER

Signature

Al Walker

Month Day Year

11/02/78

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

STEVE BROWN JR

Signature

Steve Brown

Month Day Year

11/27/78

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7650

88485429

8/11/78

88485428

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

GENERATOR

TRANSPORTER

FACILITY

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No CA1D0008325134		Manifest Document No 98485428		2. Page 1 of 1		Information in the shaded areas is not required by Federal law	
3. Generator's Name and Mailing Address ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION 11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605						A. (State Manifest Document Number) 98485428			
4. Generator's Phone (818) 765-1010						B. State Generator's ID CA1D0008325134			
5. Transporter 1 Company Name MPV Vacuum Truck Service						C. State Transporter's ID 911637			
6. Transporter 1 US EPA ID Number CA1D00062424						D. Transporter's Phone (805) 797-1131			
7. Transporter 2 Company Name						E. State Transporter's ID			
8. Transporter 2 US EPA ID Number						F. Transporter's Phone			
9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT 35251 OLD SKYLINE DRIVE KETTLEMAN CITY, CA 93239						G. State Facility's ID CA1D000646117			
10. Facility's Phone (800) 222-2964						H. Facility's Phone			
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)				12. Containers No. Type	13. Total Quantity	14. Unit WT/Vol	15. Waste No.		
a. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)				01011 DT	442415	T	State EPA/Other 911/751 F001		
b.							State EPA/Other		
c.							State EPA/Other		
d.							State EPA/Other		
J. Additional Descriptions for Materials Listed Above PROFILE LAX N 06176 CONTAMINATED SOIL FROM SITE REMEDIATION						K. Handling Codes for Wastes Listed Above a. 03 b. c. d.			
15. Special Handling Instructions and Additional Information WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT									
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.									
Printed/Typed Name ROBIN OSEAS				Signature <i>[Signature]</i>		Month Day Year 1/10/27/81			
17. Transporter 1 Acknowledgement of Receipt of Materials				Printed/Typed Name WCMK KENZIE		Signature <i>[Signature]</i>		Month Day Year 1/10/27/81	
18. Transporter 2 Acknowledgement of Receipt of Materials				Printed/Typed Name		Signature		Month Day Year	
19. Discrepancy Indication Space									
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.									
Printed/Typed Name Steve Pichard				Signature <i>[Signature]</i>		Month Day Year 1/10/27/81			

**UNIFORM HAZARDOUS
WASTE MANIFEST**

1. Generator's US EPA ID No.

CAD0008328334

Manifest
Document No.

2. Page 1
of 1

Information in the shaded areas
is not required by Federal law

3. Generator's Name and Mailing Address

ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

5. Transporter 1 Company Name

MT Vacuum Truck Service

8. US EPA ID Number

CAT0000624247

7. Transporter 2 Company Name

9. US EPA ID Number

9. Designated Facility Name and Site Address

CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number

CAT0000646117

A. State Manifest Document Number

88485427

B. State Generator's ID

CAD0000000001

C. State Transporter's ID

705674

D. Transporter's Phone (805) 393-1151

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

CAT0000646117

H. Facility's Phone

(800) 222-2964

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

a. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (FOO1) (contaminated soil)

12. Containers
No Type

001 RT 9424 1/2 T

13. Total
Quantity

14. Unit
Wt/Vol

L
Waste No.

State: CA/784
EPA/Other: 784

b.

State:
EPA/Other:

c.

State:
EPA/Other:

d.

State:
EPA/Other:

J. Additional Descriptions for Materials Listed Above

PROFILE LAX N 05176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a.

b.

c.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16.

GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

10/27/88

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Robert R Costa

Signature

Robert R Costa

Month Day Year

10/27/88

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19

Printed/Typed Name

Signature

Month Day Year

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

GENERATOR

TRANSPORTER

FACILITY

88485427

88485426

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

GENERATOR

FACILITY

UNIFORM HAZARDOUS
WASTE MANIFEST

1. Generator's US EPA ID No.

Manifest
Document No.

2. Page 1

Information in the shaded areas
is not required by Federal law.

3. Generator's Name and Mailing Address

ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

5. Transporter 1 Company Name

Phil V. ... Trucks - ...

6

US EPA ID Number

8

US EPA ID Number

7. Transporter 2 Company Name

9. Designated Facility Name and Site Address

CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTERMAN CITY, CA 93239

10

US EPA ID Number

11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)

a. HQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (F001) (contaminated soil)

12. Containers

No.

Type

13. Total Quantity

14. Unit

Wt/Vol

15. Waste No.

0,0,1 D T 44022 T

State
EPA/Other
F001

J. Additional Descriptions for Materials Listed Above

PROFILE LAX # 68176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a. Q3

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16.

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

11/10/21/88

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

CHUCK CRUZON

Signature

Chuck Cruzon

Month Day Year

11/10/21/88

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

Steve Pickell

Signature

Steve Pickell

Month Day Year

1/27/88

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION 11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605		4. Generator's Phone (818) 765-1010		A. State Manifest Document Number 88485425	
5. Transporter 1 Company Name <i>Deputy Transport</i>		6. US EPA ID Number CAT080034184		B. State Generator's ID NA 0300000007	
7. Transporter 2 Company Name		8. US EPA ID Number		C. State Transporter's ID 907581	
9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT 35251 OLD SKYLINE DRIVE KETTLEMAN CITY, CA 93239		10. US EPA ID Number CAT0000646117		D. Transporter's Phone 1800 877-3773	
				E. State Transporter's ID	
				F. Transporter's Phone	
				G. State Facility's ID CAT0000646117	
				H. Facility Phone (800) 222-2944	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No. Type	13. Total Quantity	14. Unit Unit Wt/Vol	L Waste No.
a. RQ, HAZARDOUS WASTE SOLID, N.O.S., ONM-E NA 9189 (F001) (contaminated soil)		90201	9024 1/2	T	State 011/701 EPA/Other F001
b.					State EPA/Other
c.					State EPA/Other
d.					State EPA/Other
J. Additional Descriptions for Materials Listed Above PROFILE LAX H 08176 CONTAMINATED SOIL FROM SITE REMEDIATION		K. Handling Codes for Wastes Listed Above a. 03 b. c. d.			
15. Special Handling Instructions and Additional Information WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.					
Printed/Typed Name ROBIN OSEAS		Signature <i>Robin Oseas</i>		Month Day Year 10/27/88	
17. Transporter 1 Acknowledgement of Receipt of Materials					
Printed/Typed Name GARY HENDER		Signature <i>Gary Hendler</i>		Month Day Year 10/27/88	
18. Transporter 2 Acknowledgement of Receipt of Materials					
Printed/Typed Name		Signature		Month Day Year	
19. Discrepancy Indication Space					
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.					
Printed/Typed Name Steve Pickel		Signature <i>Steve Pickel</i>		Month Day Year 10/27/88	

USE CENTER 1-800-424-8802. WITHIN CALIFORNIA CALL 1-800-852-7550

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL FIRE

FACILITY

7637 AL

Please print or type. (Form designed for use on elite (12) typewriter)

Instructions on the Back

UNIFORM HAZARDOUS
WASTE MANIFEST

1. Generator's US EPA ID No.

Manifest
Document No.

2. Page 1

Information in the shaded areas
is not required by Federal law.

3. Generator's Name and Mailing Address

ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91606

4. Generator's Phone (818) 765-1010

5. Transporter 1 Company Name

6. US EPA ID Number

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

CHEMICAL WASTE MANAGEMENT
36251 OLD SKYLINE DRIVE
KETTERMAN CITY, CA 93239

10. US EPA ID Number

A. State Manifest Document Number

88485424

B. State Generator's ID

CA 11036000007

C. State Transporter's ID

907003

D. Transporter's Phone

1800 477 3773

E. State Transporter's ID

CA 11036000007

F. Transporter's Phone

(800) 222-2868

G. State Facility's ID

CA 11036000007

H. Facility's Phone

(800) 222-2868

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers

13. Total Quantity

14. Unit

15. Waste No.

a. RQ. HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (FOO1) (contaminated soil)

No.

Type

Quantity

Unit

Waste No.

0,01 DT

000215

T

611/701

b.

No.

Type

Quantity

Unit

Waste No.

c.

No.

Type

Quantity

Unit

Waste No.

d.

No.

Type

Quantity

Unit

Waste No.

J. Additional Descriptions for Materials Listed Above

PROFILE LAX N 05176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a. 03

b.

c.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name
ROBIN OSEAS

Signature
Robin Oseas
Month Day Year
11/27/88

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature
Don Wetzel
Month Day Year
11/27/88

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature
Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

Printed/Typed Name

Signature
Steve Pickett
Month Day Year
12/27/88

88485424
GENERATOR

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL HAZARDOUS WASTE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

TRANSPORTER
FACILITY

Please print or type. (Form designed for use on elite (12-pitch typewriter).)

Instructions on the Back

UNIFORM HAZARDOUS
WASTE MANIFEST

1. Generator's US EPA ID No.

CA 0008325334

Manifest
Document No.

2. Page 1

of 1

Information in the shaded areas
is not required by Federal law.

3. Generator's Name and Mailing Address

ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

5. Transporter 1 Company Name

6. US EPA ID Number

CA 0000024247

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number

CA 0000646117

A. State Manifest Document Number
88485423

B. State Generator's ID

NA 036009097

C. State Transporter's ID

703675

D. Transporter's Phone

1805-5751151

E. State Transporter's ID

F. Transporter's Phone

CA 0000646117

G. State Facility's ID

(800) 222-2964

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers

No. Type

13. Total Quantity

14. Unit
Wt/Vol

15. Waste No.

a. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (F001) (contaminated soil)

993 DTC 0.021 T

State
611/781

EPA/Other
F001

b. State
EPA/Other

c. State
EPA/Other

d. State
EPA/Other

J. Additional Descriptions for Materials Listed Above

PROFILE LAX H 65176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a. 03 b. c. d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name
ROBIN OSEAS

Signature
Robin Oseas

Month Day Year
11/26/88

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name
JOHN A MCATEER

Signature
John A Mcateer

Month Day Year
11/26/88

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name
STEVE BRADY

Signature
Steve Brady

Month Day Year
11/26/88

00403463

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RE

USE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

11/26/88

Instructions on the Ball

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.		2. Page 1		Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION 11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605				A. State Manifest Document Number 88485422			
4. Generator's Phone (818) 765-1010				B. State Generator's ID NAH026009097			
5. Transporter 1 Company Name MPV Environmental Services		6. US EPA ID Number CA1000002142142		C. State Transporter's ID 903680		D. Transporter's Phone 805-393-1151	
7. Transporter 2 Company Name		8. US EPA ID Number		E. State Transporter's ID		F. Transporter's Phone	
9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT 35251 OLD SKYLINE DRIVE KETTLEMAN CITY, CA 93239				G. State Facility's ID CA10000646117			
10. US EPA ID Number CA10000646117				H. Facility's Phone (800) 222-2964			
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)				12. Containers No. Type		13. Total Quantity Unit Wt/Vol	
a. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)				00101		1023 1/2 T	
b.						State 611/751 EPA/Other F001	
c.						State EPA/Other	
d.						State EPA/Other	
J. Additional Descriptions for Materials Listed Above PROFILE LAX W 65176 CONTAMINATED SOIL FROM SITE REMEDIATION				K. Handling Codes for Wastes Listed Above a. 03 b. c. d.			
15. Special Handling Instructions and Additional Information WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT							
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Printed/Typed Name ROBIN OSEAS				Signature <i>Robin Oseas</i>		Month Day Year 11-1-88	
17. Transporter 1 Acknowledgement of Receipt of Materials							
Printed/Typed Name GROVER CHESTWOOD				Signature <i>Grover Chestwood</i>		Month Day Year 11-02-88	
18. Transporter 2 Acknowledgement of Receipt of Materials							
Printed/Typed Name				Signature		Month Day Year	
19. Discrepancy Indication Space							
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.							
Printed/Typed Name STEVE [Signature]				Signature <i>Steve [Signature]</i>		Month Day Year 11-02-88	

Instructions on the Back

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION 11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605		4. Generator's Phone (818) 765-1010		A. State Manifest Document Number 88485421		
5. Transporter 1 Company Name MT Vacuum Truck Service		6. US EPA ID Number CAT 000624247		B. State Generator's ID HANQ36000097		
7. Transporter 2 Company Name		8. US EPA ID Number		C. State Transporter's ID 703667		
9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT 35251 OLD SKYLINE DRIVE KETTLEMAN CITY, CA 93239		10. US EPA ID Number CAT 000646117		D. Transporter's Phone 805-393-7751		
				E. State Transporter's ID		
				F. Transporter's Phone		
				G. State Facility's ID CAT 000646117		
				H. Facility's Phone (800) 222-2964		
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	L. Waste No.
a. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (FO01) (contaminated soil)		001	DT	402.42	T	State 611/751 EPA/Other FO01
b.						State EPA/Other
c.						State EPA/Other
d.						State EPA/Other
J. Additional Descriptions for Materials Listed Above PROFILE LAX H 65176 CONTAMINATED SOIL FROM SITE REMEDIATION		K. Handling Codes for Wastes Listed Above a. 03		b.		
		c.		d.		
15. Special Handling Instructions and Additional Information WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT						
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Printed/Typed Name ROBIN OSEAS		Signature <i>Robin Oseas</i>		Month Day Year 10/26/88		
17. Transporter 1 Acknowledgement of Receipt of Materials		Printed/Typed Name AL WALKER		Signature <i>al walker</i>		Month Day Year 10/26/88
18. Transporter 2 Acknowledgement of Receipt of Materials		Printed/Typed Name		Signature		Month Day Year
19. Discrepancy Indication Space						
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.		Printed/Typed Name STEVE BROWN JR		Signature <i>Steve Brown</i>		Month Day Year 10/26/88

00403421
IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. C A D 0 0 8 3 2 6 3 3 4		Manifest Document No. 000114		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.									
3. Generator's Name and Mailing Address ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION 11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605						A. State Manifest Document Number 88485420											
4. Generator's Phone (818) 765-1010						B. State Generator's ID W A H 0 2 6 0 0 9 0 9 7											
5. Transporter 1 Company Name Original Control Service			6. US EPA ID Number KAT0810039184			C. State Transporter's ID 970226											
7. Transporter 2 Company Name			8. US EPA ID Number			D. Transporter's Phone 1 800 677 3773											
9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT 36251 OLD SKYLINE DRIVE KETTLEMAN CITY, CA 93239						10. US EPA ID Number C A T 0 0 0 6 4 6 1 1 7											
						E. State Facility's ID (400) 222-2964											
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers No. Type		13. Total Quantity		14. Unit Wt/Vol		15. Waste No.					
a. RQ,HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)						0 0 1 D T		0 0 2 3 1 2 T				State 611/751 EPA/Other F001					
b.												State EPA/Other					
c.												State EPA/Other					
d.												State EPA/Other					
J. Additional Descriptions for Materials Listed Above PROFILE LAX H 65176 CONTAMINATED SOIL FROM SITE REMEDIATION						K. Handling Codes for Wastes Listed Above a. 03 b. c. d.											
15. Special Handling instructions and Additional Information WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT																	
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.																	
Printed/Typed Name ROBIN OSEAS						Signature <i>Robin Oseas</i>				Month Day Year 10/27/88							
17. Transporter 1 Acknowledgement of Receipt of Materials						Printed/Typed Name <i>John M. [unclear]</i>				Signature <i>John M. [unclear]</i>				Month Day Year 10/27/88			
18. Transporter 2 Acknowledgement of Receipt of Materials						Printed/Typed Name <i>[unclear]</i>				Signature <i>[unclear]</i>				Month Day Year 10/27/88			
19. Discrepancy Indication Space																	
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.						Printed/Typed Name Steve Pickel				Signature <i>Steve Pickel</i>				Month Day Year 10/27/88			

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. Manifest Document No.		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION 11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605				A. State Manifest Document Number 88485418			
4. Generator's Phone 818 765-1010				B. State Generator's ID NAH036009097			
5. Transporter 1 Company Name M/V. VULCAN TRANSPORT		6. US EPA ID Number KAT000646117		C. State Transporter's ID 903604		D. Transporter's Phone 1805 393 451	
7. Transporter 2 Company Name		8. US EPA ID Number		E. State Transporter's ID		F. Transporter's Phone	
9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT 35251 OLD SKYLINE DRIVE KETTLEMAN CITY, CA 93239				10. US EPA ID Number CAT000646117		G. State Facility's ID CAT000646117	
H. Facility's Phone (800) 222-2964							
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)				12. Containers No. Type		13. Total Quantity	
a. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (FOO1) (contaminated soil)				0 0 1 D T		0022 1/2 T	
b.							
c.							
d.							
J. Additional Descriptions for Materials Listed Above PROFILE LAX N 65176 CONTAMINATED SOIL FROM SITE REMEDIATION				K. Handling Codes for Wastes Listed Above a. 03		b.	
15. Special Handling instructions and Additional Information WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT				c.		d.	
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.							
Printed/Typed Name ROBIN OSEAS				Signature <i>[Signature]</i>		Month Day Year 10/21/88	
17. Transporter 1 Acknowledgement of Receipt of Materials							
Printed/Typed Name <i>[Signature]</i>				Signature <i>[Signature]</i>		Month Day Year 10/26/88	
18. Transporter 2 Acknowledgement of Receipt of Materials							
Printed/Typed Name				Signature		Month Day Year	
19. Discrepancy Indication Space							
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.							
Printed/Typed Name STEVE BRIMAN RT				Signature <i>[Signature]</i>		Month Day Year 10/26/88	

88485411

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RE: CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION 11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605		4. Generator's Phone (818) 765-1010		A. State Manifest Document Number 83485417	
5. Transporter 1 Company Name MPV Vacuum Truck Service		6. US EPA ID Number CAT00062424		B. State Generator's ID 444936009097	
7. Transporter 2 Company Name		8. US EPA ID Number		C. State Transporter's ID 707689	
9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT 35251 OLD SKYLINE DRIVE KETTLEMAN CITY, CA 93239		10. US EPA ID Number CAT000646117		D. Transporter's Phone 1805-793-1151	
				E. State Transporter's ID	
				F. Transporter's Phone	
				G. State Facility's ID CAT000646117	
				H. Facility's Phone (800) 222-2964	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No.	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)		001	10,002.5	T	State 611/751 EPA/Other F001
b.					State EPA/Other
c.					State EPA/Other
d.					State EPA/Other
J. Additional Descriptions for Materials Listed Above PROFILE LAX H 65176 CONTAMINATED SOIL FROM SITE REMEDIATION		K. Handling Codes for Wastes Listed Above a. 03 b. c. d.			
15. Special Handling Instructions and Additional Information WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT					
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Printed: Typed Name ROBIN OSEAS		Signature <i>Robin Oseas</i>		Month Day Year 10/26/88	
17. Transporter 1 Acknowledgement of Receipt of Materials					
Printed: Typed Name Robert Costa		Signature <i>Robert Costa</i>		Month Day Year 10/26/88	
18. Transporter 2 Acknowledgement of Receipt of Materials					
Printed: Typed Name		Signature		Month Day Year	
19. Discrepancy Indication Space					
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.					
Printed: Typed Name STEVE BROWN		Signature <i>Steve Brown</i>		Month Day Year 10/26/88	

10/27/88

Please print or type. (Form designed for use on elite (12 typewriter).

Instructions on the Bæ

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

Please print or type. (Form designed for use on elite (12) typewriter).

Instructions on the Back

88485411

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.

CAD008325334

Manifest Document No.

2. Page 1 of 1

Information in the shaded areas is not required by Federal law

3. Generator's Name and Mailing Address

ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

5. Transporter 1 Company Name

MP Vacuum Trucks

6. US EPA ID Number

CA7000624217

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number

CAT000646117

A. State Manifest Document Number

88485411

B. State Generator's ID

NA0000000007

C. State Transporter's ID

703667

D. Transporter's Phone (805) 375-1151

E. State Transporter's ID

F. Transporter's Phone

G. Facility's ID

CA000646117

H. Facility's Phone

(800) 222-2064

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

a. RQ, HAZARDOUS WASTE SOLID, H.O.S., ORN-E
NA 9189 (FO01) (contaminated soil)

12. Containers

No. Type

001 DT

13. Total Quantity

Unit Wt/Vol

102.13 T

14. Unit

Wt/Vol

T

1. Waste No.

State 611/751

EPA/Other FO01

State

EPA/Other

State

EPA/Other

State

EPA/Other

J. Additional Descriptions for Materials Listed Above

PROFILE LAX H 65176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a. 03

b.

c.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16.

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

1/02/85

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Richard Bennett

Signature

Richard Bennett

Month Day Year

1/22/85

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

STACE BAKER

Signature

Stace Baker

Month Day Year

1/24/85

2-5762

Please print or type. (Form designed for use on **elte** (12 **typewriter**)

Instructions on the Back

88485410

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

UNIFORM HAZARDOUS
WASTE MANIFEST

1. Generator's US EPA ID No. **CA D00081270314100014**
Manifest Document No. **100014**

2. Page 1 of 1
Information in the shaded areas is not required by Federal law

3. Generator's Name and Mailing Address
**ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91606**

A. State Manifest Document Number
88485410

4. Generator's Phone **(818) 765-1010**

B. State Generator's ID
CA D00081270314100014

5. Transporter 1 Company Name **APL Environmental Services, Inc.**

C. State Transporter's ID
903675

6. Transporter 1 US EPA ID Number

D. Transporter's Phone
(818) 393-1191

7. Transporter 2 Company Name

E. State Transporter's ID

9. Designated Facility Name and Site Address
**CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239**

F. State Facility's ID
CA T000646117

G. Facility's Phone
(800) 222-2904

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers No. Type
13. Total Quantity
14. Unit Wt/Vol
15. Waste No.

a. **RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (F001) (contaminated soil)**

b. **001 DT 1/2 T**

b. State EPA/Other

c. State EPA/Other

c. State EPA/Other

d. State EPA/Other

d. State EPA/Other

e. State EPA/Other

e. State EPA/Other

f. State EPA/Other

f. State EPA/Other

g. State EPA/Other

g. State EPA/Other

h. State EPA/Other

h. State EPA/Other

i. State EPA/Other

i. State EPA/Other

j. State EPA/Other

j. State EPA/Other

k. State EPA/Other

k. State EPA/Other

l. State EPA/Other

l. State EPA/Other

m. State EPA/Other

m. State EPA/Other

n. State EPA/Other

n. State EPA/Other

o. State EPA/Other

o. State EPA/Other

p. State EPA/Other

p. State EPA/Other

q. State EPA/Other

q. State EPA/Other

r. State EPA/Other

r. State EPA/Other

s. State EPA/Other

s. State EPA/Other

t. State EPA/Other

t. State EPA/Other

u. State EPA/Other

u. State EPA/Other

v. State EPA/Other

v. State EPA/Other

w. State EPA/Other

w. State EPA/Other

x. State EPA/Other

x. State EPA/Other

y. State EPA/Other

y. State EPA/Other

z. State EPA/Other

z. State EPA/Other

aa. State EPA/Other

aa. State EPA/Other

ab. State EPA/Other

2-5-76-20

Instructions on the Ba

55485455

IN CASE OF AN EMERGENCY OR SPILL: CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

DHS 8022 A (1/88)
EPA 8700-22
(Rev. 9-86) Previous editions are obsolete.

Do Not Write Below This Line

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30

1576 40

Please print or type. (Form designed for use on elite (12 pin) typewriter)

Instructions on the Back

88485407

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.

CA0000385334

Manifest Document No.
10171

2. Page 1

of 1

Information in the shaded areas is not required by Federal law

3. Generator's Name and Mailing Address

ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818)

765-1010

5. Transporter 1 Company Name

MP Union Truck Service CAT000024247

6

US EPA ID Number

8

US EPA ID Number

7. Transporter 2 Company Name

9. Designated Facility Name and Site Address

CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10

US EPA ID Number

CAT0000646117

A. State Manifest Document Number

83435407

B. State Generator's ID

MAN036000000

C. State Transporter's ID

903676

D. Transporter's Phone/ 805-395-7157

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

CAT0000646117

H. Facility's Phone

(800) 222-2964

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

a. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORN-E
NA 9189 (FOO1) (contaminated soil)

12. Containers

No. Type

001 BT 00021 T

13. Total Quantity

14. Unit Wt/Vol

I. Waste No.

State 611/751

EPA/Other FOO1

State

EPA/Other

State

EPA/Other

State

EPA/Other

J. Additional Descriptions for Materials Listed Above

PROFILE LAX H 65176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a. 03

c.

b.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16.

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

10/24/81

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Jerry Stone

Signature

Jerry Stone

Month Day Year

10/24/81

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

Judy Crawford

Signature

Judy Crawford

Month Day Year

10/24/81

Please print or type. (Form designed for use on all 12 inch typewriter)

Instructions on the Back

88485406

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-6802. WITHIN CALIFORNIA CALL 1-800-852-7550

GENERATOR

TRANSPORTER

FACILITY

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No CA1D01018125334		Manifest Document No 1611		2. Page 1 of 1		Information in the shaded areas is not required by Federal law	
3. Generator's Name and Mailing Address ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION 11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605				A. State Manifest Document Number 88485406			
4. Generator's Phone 818 768-1010				B. State Generator's ID CA1D01018125334			
5. Transporter 1 Company Name MP Vacuum Truck Service		6. US EPA ID Number CA1T000646117		C. State Transporter's ID 903672		D. Transporter's Phone 1805-323-1151	
7. Transporter 2 Company Name		8. US EPA ID Number		E. State Transporter's ID		F. Transporter's Phone	
9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT 35251 OLD SKYLINE DRIVE KETTLEMAN CITY, CA 93239				10. US EPA ID Number CA1T000646117		G. State Facility's ID CA1T000646117	
H. Facility's Phone (800) 322-2964							
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and R) Number)				12. Containers No.	13. Total Quantity	14. Unit Wt/Vol	15. Waste No.
a. NO. HAZARDOUS WASTE SOLID M.O.S. ORN-E NA-9189 (FOOT) (CONTAMINATED SOIL)				0,01	DT	90922 T	State 611/751 FOOT
b.							State EPA/Other
c.							State EPA/Other
d.							State EPA/Other
J. Additional Descriptions for Materials Listed Above PROFILE LAX N 05176 CONTAMINATED SOIL FROM SITE REMEDIATION				K. Handling Codes for Wastes Listed Above a. 03 b. c. d.			
16. Special Handling Instructions and Additional Information WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT							
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Printed/Typed Name ROBIN OSEAS				Signature <i>Robin Oseas</i>		Month Day Year 11/03/1982	
17. Transporter 1 Acknowledgement of Receipt of Materials				Printed/Typed Name Doby HAGAR		Signature <i>Doby Hagar</i>	
18. Transporter 2 Acknowledgement of Receipt of Materials				Printed/Typed Name		Signature	
19. Discrepancy Indication Space							
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19				Printed/Typed Name <i>Judy Crawford</i>		Signature <i>Judy Crawford</i>	
						Month Day Year 11/03/1982	

**UNIFORM HAZARDOUS
WASTE MANIFEST**

1. Generator's US EPA ID No.

CA D008325334

Manifest

2. Page 1

of 1

Information in the shaded areas
is not required by Federal law

3. Generator's Name and Mailing Address

**ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91608**

4. Generator's Phone (

818 745-1010

5. Transporter 1 Company Name

U.S. Environmental Service

6

US EPA ID Number

CA T084934184

7. Transporter 2 Company Name

8

US EPA ID Number

9. Designated Facility Name and Site Address

**CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239**

10

US EPA ID Number

CA T000646117

A. State Manifest Document Number

83485405

B. State Generator's ID

CAI1031610101971

C. State Transporter's ID

90203

D. Transporter's Phone

800-877-3773

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

CA T000646117

H. Facility's Phone

(800) 222-2054

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

a. **RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (FO01) (contaminated soil)**

12. Containers

No.

Type

0,0,1 D,T

13. Total

Quantity

999,24 T

14. Unit

Wt/Vol

I. Waste No.

State

611/751

EPA/Other

FO01

State

EPA/Other

State

EPA/Other

State

EPA/Other

J. Additional Descriptions for Materials Listed Above

PROFILE LAX N 65176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a.

03

b.

c.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16.

GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

10/24/88

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Don Wetzel

Signature

Don Wetzel

Month Day Year

10/24/88

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

H) 356 7711

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 18.

Printed/Typed Name

Judy Crawford

Signature

Judy Crawford

Month Day Year

10/24/88

Do Not Write Below This Line

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30

88485405
IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

**UNIFORM HAZARDOUS
WASTE MANIFEST**

1. Generator's US EPA ID No.

Manifest
Document No.

2. Page 1

Information in the shaded areas
is not required by Federal law.

3. Generator's Name and Mailing Address

**ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605**

4. Generator's Phone

818 765-1010

5. Transporter 1 Company Name

6

US EPA ID Number

7. Transporter 2 Company Name

8

US EPA ID Number

9. Designated Facility Name and Site Address

10

US EPA ID Number

**CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTERMAN CITY, CA 93239**

CA AT 0006461117

A. State Manifest Document Number

88485404

B. State Generator's ID

CA 0006461117

C. State Transporter's ID

907001

D. Transporter's Phone

800-577-3273

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

CA AT 0006461117

H. Facility's Phone

(800) 322-2984

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers

No.

Type

13. Total
Quantity

14. Unit
Wt/Vol

15. Waste No.

**a. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (F001) (contaminated soil)**

0,01

DT

102312

T

State

611/751

EPA/Other

F001

b.

c.

d.

J. Additional Descriptions for Materials Listed Above

PROFILE LAX N 65176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a.

03

b.

c.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

18.

GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

11/03/88

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

GARY HENSLEY

Signature

Gary Hensley

Month Day Year

11/02/88

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

Judy Crawford

Signature

Judy Crawford

Month Day Year

10/24/88

88485404

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802. WITHIN CALIFORNIA CALL 1-800-852-7550

GENERATOR

TRANSPORTER

FACILITY

Please print or type (Form designed for use on elite (12 pitch typewriter).

Instructions on the Back

**UNIFORM HAZARDOUS
WASTE MANIFEST**

1. Generator's US EPA ID No.

CAD008325334

Manifest Document No.

99117

2. Page 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address

**ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605**

4. Generator's Phone

818 765-1010

A. State Manifest Document Number

88435403

B. State Generator's ID

NAHQ36009097

C. State Transporter's ID

778226

D. Transporter's Phone

708-5773773

5. Transporter 1 Company Name

Decontamination Service

9

US EPA ID Number

CAT080034184

7. Transporter 2 Company Name

8

US EPA ID Number

9. Designated Facility Name and Site Address

**CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239**

10

US EPA ID Number

CAT000646117

G. State Facility's ID

CAT000646117

H. Facility's Phone

(800) 222-2964

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

a. **RQ,HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (F001) (contaminated soil)**

12. Containers

No.

Type

13. Total Quantity

14. Unit

Wt./Vol

I. Waste No.

99101442312 T

State 611/751

EPA/Other F001

State

EPA/Other

State

EPA/Other

State

EPA/Other

J. Additional Descriptions for Materials Listed Above

PROFILE LAX # 66175

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a. 03

b.

c.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16.

GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

11 02 48

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

James

Signature

James

Month Day Year

11 02 48

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

Printed/Typed Name

Steve

Signature

Steve

Month Day Year

11 02 48

88485403

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RES. USE CENTER 1-800-424-8802. WITHIN CALIFORNIA CALL 1-800-852-7550

GENERATOR

TRANSPORTER

FACILITY

11-2-76-111

88048095

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7650

GENERATOR

TRANSPORTER

FACILITY

Y

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.

GA0008325334

Manifest Document No.

Page 1 of 1

Information in the shaded areas is not required by Federal law

3. Generator's Name and Mailing Address

ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 766-1010

5. Transporter 1 Company Name

6. US EPA ID Number

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number

CAT000646117

A. State Manifest Document Number

BB048085

B. State Generator's ID

HA0036000000

C. State Transporter's ID

D. Transporter's Phone (805) 311-1151

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

CAT000646117

H. Facility's Phone

(800) 222-2964

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

a. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (F001) (contaminated soil)

12. Containers

No. Type

0 0 1 D T

13. Total Quantity

14. Unit Wt/Vol

15. Waste No.

State 611/751

EPA/Other F001

State

EPA/Other

State

EPA/Other

State

EPA/Other

State

EPA/Other

State

EPA/Other

State

EPA/Other

State

EPA/Other

J. Additional Descriptions for Materials Listed Above

PROFILE LAX H 66176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a. 03

b.

c.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16.

GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

11/11/88

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

GERALD FORTCH

Signature

Gerald Fortch

Month Day Year

11/19/88

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

(3) NO DISCREPANCY

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

Printed/Typed Name

STEVEN HARTMAN RT

Signature

Steven Hartman

Month Day Year

11/21/88

Please print or type (Form designed for use on elite (12) typewriter)

Instructions on the Back

88048093
 IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.

CAD008325334

Manifest
Document No.

Page 1
of 1

Information in the shaded areas
is not required by Federal law

3. Generator's Name and Mailing Address

ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818)

765-1010

5. Transporter 1 Company Name

6. US EPA ID Number

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number

CAT000646117

A. State Manifest Document Number

88048093

B. State Generator's ID

HA000000007

C. State Transporter's ID

711078

D. Transporter's Phone

1-505-311-1111

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

CAT000646117

H. Facility's Phone

(800) 222-2984

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

8. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (FO01) (contaminated soil)

12. Containers
No. Type

0, 0, 1 D, T, PPF, 2 T

13. Total
Quantity

14. Unit
Wt/Vol

15. Waste No.

State 611/781

EPA/Other FO01

State

EPA/Other

State

EPA/Other

State

EPA/Other

J. Additional Descriptions for Materials Listed Above

PROFILE LAX N 65176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a. C3

c.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16

GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

11/05/88

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Doby HAGAR

Signature

Doby Hagar

Month Day Year

11/02/88

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

11/02/88

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

STEVE BRUNER

Signature

Steve Bruner

Month Day Year

11/05/88

2-2-88

Instructions on the Back

88048092

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8602; WITHIN CALIFORNIA CALL 1-800-852-7550

GENERATOR

FACILITY

UNIFORM HAZARDOUS
WASTE MANIFEST

1. Generator's US EPA ID No 0AD008328334		Manifest Document No 1111		2. Page 1 of 1		Information in the shaded areas is not required by Federal law	
3. Generator's Name and Mailing Address ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION 11600 SHERMAN WAY, N. HOLLYWOOD, CA 91606				A. State Manifest Document Number 88048092			
4. Generator's Phone (818) 766-1010				B. State Generator's ID NAH010001007			
5. Transporter 1 Company Name MRV...		6. US EPA ID Number 191762121212		C. State Transporter's ID 224005		D. Transporter's Phone 1805 325 1151	
7. Transporter 2 Company Name		8. US EPA ID Number		E. State Transporter's ID		F. Transporter's Phone	
9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT 35261 OLD SKYLINE DRIVE KETTLEMAN CITY, CA 93239				10. US EPA ID Number CA7000040117		G. State Facility's ID CA7000040117	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)				12. Containers No. Type		13. Total Quantity Unit	
a. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (FOO1) (contaminated soil)				1. 001 2. DT 3. 12 4. 15		14. Unit Wt/Vol	
b.						15. State 611/751	
c.						16. EPA/Other FOO1	
d.						17. State	
						18. EPA/Other	
J. Additional Descriptions for Materials Listed Above				K. Handling Codes for Wastes Listed Above			
PROFILE LAX H 65176				a. 03			
RRXN CONTAMINATED SOIL FROM SITE REMEDIATION				b.			
15. Special Handling Instructions and Additional Information				c.			
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT				d.			
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.							
Printed/Typed Name ROBIN OSEAS				Signature <i>Robin Oseas</i>		Month Day Year 11/02/1982	
17. Transporter 1 Acknowledgement of Receipt of Materials				Signature <i>Robert...</i>		Month Day Year 11/02/1982	
18. Transporter 2 Acknowledgement of Receipt of Materials				Signature <i>...</i>		Month Day Year 11/02/1982	
19. Discrepancy Indication Space							
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.							
Printed/Typed Name STUCK...				Signature <i>Stuck...</i>		Month Day Year 11/02/1982	

Instructions on the Back

UNIFORM HAZARDOUS
WASTE MANIFEST

1. Generator's US EPA ID No.

C A D 0 0 8 3 2 5 3 3 4

Manifest
Document No.

Page 1
of 1

Information in the shaded areas
is not required by Federal law

3. Generator's Name and Mailing Address

ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

5. Transporter 1 Company Name

MPC Environmental Services

6. US EPA ID Number

1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number

C A T 0 0 0 6 4 6 1 1 7

A. State Manifest Document Number

88048091

B. State Generator's ID

H A H 0 8 5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0

C. State Transporter's ID

9 0 3 6 7 3

D. Transporter's Phone (805) 337-1057

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

C A T 0 0 0 6 4 6 1 1 7

H. Facility's Phone

(800) 222-2964

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

a. RQ, HAZARDOUS WASTE SOLID, H.O.S., ORM-E
NA 9189 (FOO1) (contaminated soil)

12. Containers
No Type

0,0,1 D,T 01992,2 T

13. Total
Quantity

14. Unit
Wt/Vol

15. Waste No.

State 611/751

EPA/Other F001

J. Additional Descriptions for Materials Listed Above

PROFILE LAX H 65176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a. 03

b.

c.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16.

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

11/95/1995

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

MIKE TRICE

Signature

Mike Trice

Month Day Year

11/95/1995

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

11/95/1995

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19

Printed/Typed Name

Steve Rickert

Signature

Steve Rickert

Month Day Year

10/21/88

88048091

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

GENERATOR

TRANSPORTER

FACILITY

Instructions on the Back

**UNIFORM HAZARDOUS
WASTE MANIFEST**

1. Generator's US EPA ID No

Manifest
Document No.

2. Page 1

Information in the shaded areas
is not required by Federal law

3. Generator's Name and Mailing Address

**ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605**

4. Generator's Phone (818) 765-1010

5. Transporter 1 Company Name

6. US EPA ID Number

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

**CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTELMAN CITY, CA 93239**

10. US EPA ID Number

A. State Manifest Document Number

88048090

B. State Generator's ID

C. State Transporter's ID

D. Transporter's Phone

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

H. Facility's Phone

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

**RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (FOO1) (contaminated soil)**

12. Containers
No. Type

13. Total
Quantity

14. Unit
Wt/Vol

I. Waste No.

0910T 1001219 T

State

611/751

EPA/Other

FOO1

State

EPA/Other

State

EPA/Other

State

EPA/Other

J. Additional Descriptions for Materials Listed Above

PROFILE LAX-H-65176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

03

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16.

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

11/11/88

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

John P. [Signature]

Signature

[Signature]

Month Day Year

11/11/88

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

Steve P. [Signature]

Signature

[Signature]

Month Day Year

10/24/88

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

88048090

**UNIFORM HAZARDOUS
WASTE MANIFEST**

1. Generator's US EPA ID No

CA0000325334

Manifest
Document No

2. Page 1
of 1

Information in the shaded areas
is not required by Federal law.

3. Generator's Name and Mailing Address

ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number

88048089

B. State Generator's ID

HIAH0136009097

C. State Transporter's ID

D. Transporter's Phone (805) 555-1157

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address

CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number

CA0000648117

G. State Facility's ID

CA0000648117

H. Facility's Phone

(800) 222-2964

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (F001) (contaminated soil)

12. Containers
No. Type

0010T

13. Total
Quantity

14. Unit
Wt/Vol

1. Waste No.

State 611/751

EPA/Other F001

State

EPA/Other

State

EPA/Other

State

EPA/Other

J. Additional Descriptions for Materials Listed Above

PROFILE LAX H

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a. 03

c.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16.

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Printed/Typed Name

ROBIN OSEAS

Signature

[Signature]

Month Day Year

1/14/88

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Robert Costa

Signature

[Signature]

Month Day Year

1/14/88

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

Printed/Typed Name

STIRAK HATHOR III

Signature

[Signature]

Month Day Year

1/14/88

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL HAZARDOUS WASTE CENTER 1-800-424-8802, WITHIN CALIFORNIA CALL 1-800-852-7550

Instructions on the Back

UNIFORM HAZARDOUS
WASTE MANIFEST

1. Generator's US EPA ID No.

Manifest
Document No.

2. Page 1

Information in the shaded areas
is not required by Federal law

3. Generator's Name and Mailing Address

ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818)

765-1010

5. Transporter 1 Company Name

6. US EPA ID Number

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

10. US EPA ID Number

CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

ICAT000646117

A. State Manifest Document Number

88048088

B. State Generator's ID

HAH036000097

C. State Transporter's ID

D. Transporter's Phone (805) 322-4471

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

ICAT000646117

H. Facility's Phone (800) 222-2964

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers
No. Type

13. Total
Quantity

14. Unit
Wt/Vol

1. Waste No.

a. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (FOO1) (contaminated soil)

0, 0, 1, 0, T, K, K, R, V, T

T

State
611/751
EPA/Other
FOO1

b.

State

c.

State

d.

State

J. Additional Descriptions for Materials Listed Above

PROFILE LAX H 66176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a. 03

c.

b.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16.

GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

11 15 1988

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Michael J. ...

Signature

Michael J. ...

Month Day Year

11 15 1988

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Michael J. ...

Signature

Michael J. ...

Month Day Year

11 15 1988

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

Michael J. ...

Signature

Michael J. ...

Month Day Year

11 15 1988

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

88048088

GENERATOR

TRANSPORTER

FACILITY

Instructions on the Back

UNIFORM HAZARDOUS
WASTE MANIFEST

1. Generator's US EPA ID No

CAD0008326334

Manifest
Document No.

2. Page 1
of 1

Information in the shaded areas
is not required by Federal law

3. Generator's Name and Mailing Address

ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number

88048087

B. State Generator's ID

HAN036009097

5. Transporter 1 Company Name

MPC Environmental

6. US EPA ID Number

CA0000000000000000

C. State Transporter's ID

902113

D. Transporter's Phone

805 300-1111

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address

CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number

CAT000646117

G. State Facility's ID

CAT000646117

H. Facility's Phone

(800) 222-2964

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

a. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (FOO1) (contaminated soil)

12. Containers
No. Type

9919 TO 10124 T

13. Total
Quantity

14. Unit
Wt/Vol

I. Waste No.

State

611/751

EPA/Other

FOO1

State

EPA/Other

State

EPA/Other

State

EPA/Other

State

EPA/Other

State

EPA/Other

J. Additional Descriptions for Materials Listed Above

PROFILE LAX M 65176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a. 63

c.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16.

GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

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Printed/Typed Name ROBIN OSEAS

Signature

[Signature]

Month Day Year

11/15/88

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

ROBY HAGAR

Signature

[Signature]

Month Day Year

11/15/88

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

JOHN BROWN

Signature

[Signature]

Month Day Year

11/15/88

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7650

GENERATOR

TRANSPORTER

FACILITY

11/15/88

Instructions on the Back

UNIFORM HAZARDOUS
WASTE MANIFEST

1. Generator's US EPA ID No.

Manifest
Document No.

2. Information in the shaded areas
of is not required by Federal law

3. Generator's Name and Mailing Address

ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

5. Transporter 1 Company Name

6. US EPA ID Number

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

10. US EPA ID Number

CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

A. State Manifest Document Number

88048084

B. State Generator's ID

C. State Transporter's ID

D. Transporter's Phone

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

H. Facility's Phone

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers
No. Type

13. Total
Quantity

14. Unit
Wt/Vol

15. Waste No.

RQ, HAZARDOUS WASTE SOLID, M.O.S., ORM-E
NA 9189 (FOO1) (contaminated soil)

0101 D T

1021/2

T

State
EPA/Other
611/781
FOO1

J. Additional Descriptions for Materials Listed Above

PROFILE LAX N 05176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a. 03

c.

b.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16.

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

11/12/88

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Tim Butler

Signature

Tim Butler

Month Day Year

11/12/88

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

11/12/88

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

Printed/Typed Name

STEVE BARNETT

Signature

Steve Barnett

Month Day Year

11/12/88

00040004
IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL TOXIC
SUBSTANCE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

Instructions on the Back

88048083

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

GENERATOR

TRANSPORTER

FACILITY

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. C A D 0 0 8 3 2 5 3 1 4	Manifest Document No. 17111	2. Page 1 of 1	Information in the shaded areas is not required by Federal law
3. Generator's Name and Mailing Address ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION 11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605				A. State Manifest Document Number 88048083	
4. Generator's Phone (818) 765-1010				B. State Generator's ID HAH0360090971	
5. Transporter 1 Company Name <i>McW...</i>		6. US EPA ID Number <i>CA10000646117</i>	C. State Transporter's ID <i>703230</i>		
7. Transporter 2 Company Name		8. US EPA ID Number	D. Transporter's Phone <i>800 222-2964</i>		
9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT 35251 OLD SKYLINE DRIVE KETTLEMAN CITY, CA 93239		10. US EPA ID Number CA10000646117	E. State Facility's ID CAT000646117		
				F. Facility's Phone (800) 222-2964	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)			12. Containers No. Type	13. Total Quantity	14. Unit Wt/Vol
a. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)			0 0 1 D T	0 0 2 3 1	T
b.					
c.					
d.					
J. Additional Descriptions for Materials Listed Above PROFILE LAX N 88176 CONTAMINATED SOIL FROM SITE REMEDIATION			K. Handling Codes for Wastes Listed Above a. 03 b. c. d.		
15. Special Handling Instructions and Additional Information WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.					
Printed/Typed Name ROBIN OSEAS		Signature <i>Robin Oseas</i>		Month Day Year 10/22/88	
17. Transporter 1 Acknowledgement of Receipt of Materials					
Printed/Typed Name <i>...</i>		Signature <i>...</i>		Month Day Year 10/22/88	
18. Transporter 2 Acknowledgement of Receipt of Materials					
Printed/Typed Name		Signature		Month Day Year	
19. Discrepancy Indication Space					
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.					
Printed/Typed Name <i>STEVE B...</i>		Signature <i>Steve B...</i>		Month Day Year 10/22/88	

10/22/88 27

Instructions on the Br

UNIFORM HAZARDOUS
WASTE MANIFEST

1. Generator's US EPA ID No

Manifest
Document No.

2. Page 1

Information in the shaded areas
is not required by Federal law.

3. Generator's Name and Mailing Address

ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone

818 765-1010

5. Transporter 1 Company Name

6. US EPA ID Number

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

10. US EPA ID Number

CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTERMAN CITY, CA 93239

A. State Manifest Document Number

88048082

B. State Generator's ID

C. State Transporter's ID

D. Transporter's Phone

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

H. Facility's Phone

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers

No. Type

13. Total Quantity

14. Unit Wt/Vol

I. Waste No.

a. RQ, HAZARDOUS WASTE SOLID, H.O.S., ORM-E
NA 9189 (FOO1) (contaminated soil)

901 DT

10215 T

State

611/751

EPA/Other

FOO1

State

EPA/Other

State

EPA/Other

State

EPA/Other

State

EPA/Other

J. Additional Descriptions for Materials Listed Above

PROFILE LAX H 05176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a.

03

b.

c.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16.

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

11/03/85

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

GROVER C. FLETCHER

Signature

Grover C. Fletcher

Month Day Year

11/03/85

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

Printed/Typed Name

Steve Pichu

Signature

Steve Pichu

Month Day Year

11/03/88

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802. WITHIN CALIFORNIA CALL 1-800-852-7550

88048082

GENERATOR

TRANSPORTER

FACILITY

88048081

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

GENERATOR

TRANSPORTER

FACILITY

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. QADQ08325334	Manifest Document No. 1111	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION 11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605			A. State Manifest Document Number 88048081		
4. Generator's Phone (818) 765-1010			B. State Generator's ID HAHQ36009097		
5. Transporter 1 Company Name MP Unicom Truck Service			C. State Transporter's ID 703677		
6. Transporter 1 US EPA ID Number KAT000646117			D. Transporter's Phone 818-313-1151		
7. Transporter 2 Company Name			E. State Transporter's ID		
8. Transporter 2 US EPA ID Number			F. Transporter's Phone		
9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT 35251 OLD SKYLINE DRIVE KETTLEMAN CITY, CA 93239			G. State Facility's ID CAT000646117		
10. Facility's Phone (800) 222-2964			H. Facility's Phone		
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No. Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)		001 DRUM	1	T	State 611/751 EPA/Other F001
b.					State EPA/Other
c.					State EPA/Other
d.					State EPA/Other
J. Additional Descriptions for Materials Listed Above PROFILE LAX N 85176 CONTAMINATED SOIL FROM SITE REMEDIATION			K. Handling Codes for Wastes Listed Above a. 03 b. c. d.		
15. Special Handling Instructions and Additional Information WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name, and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.					
Printed/Typed Name ROBIN OSEAS		Signature <i>Robin Oseas</i>		Month Day Year 11/2/88	
17. Transporter 1 Acknowledgement of Receipt of Materials					
Printed/Typed Name Don Mena		Signature <i>Don Mena</i>		Month Day Year 11/2/88	
18. Transporter 2 Acknowledgement of Receipt of Materials					
Printed/Typed Name		Signature		Month Day Year	
19. Discrepancy Indication Space					
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.					
Printed/Typed Name Steve Picken		Signature <i>Steve Picken</i>		Month Day Year 11/2/88	

3558-28

Please print or type (Form designed for use on elite (12 typewriter)

Instructions on the Back

UNIFORM HAZARDOUS
WASTE MANIFEST

1 Generator's US EPA ID No.

Manifest
Document No.

Page 1

Information in the shaded areas
is not required by Federal law

3 Generator's Name and Mailing Address

ALLIED SIGNAL, INC ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4 Generator's Phone

818-765-1010

5 Transporter 1 Company Name

6

US EPA ID Number

7 Transporter 2 Company Name

8

US EPA ID Number

9 Designated Facility Name and Site Address

10

US EPA ID Number

CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

IC AIT 0 010 614 61117

A. State Manifest Document Number

88048080

B. State Generator's ID

NAH026009097

C. State Transporter's ID

1503 317 1151

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

CAT000646117

H. Facility's Phone

(800) 222-2964

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers

No.

Type

13. Total

Quantity

14. Unit

Wt/Vol

I. Waste No.

RQ,HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (F001) (contaminated soil)

01011

DIT

0101-1/12

T

State

611/751

EPA/Other

F001

State

EPA/Other

State

EPA/Other

State

EPA/Other

J. Additional Descriptions for Materials Listed Above

PROFILE LAX H 85176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a.

03

b.

c.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16.

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

11/11/88

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

CHRIS C. LUTZ

Signature

Chris C. Lutz

Month Day Year

11/11/88

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

Steve Pickert

Signature

Steve Pickert

Month Day Year

10/28/88

88048080

GENERATOR

TRANSPORTER

FACILITY

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

Instructions on the Back

UNIFORM HAZARDOUS
WASTE MANIFEST

1. Generator's US EPA ID No

Manifest
Document No.

Page 1
of 1

Information in the shaded areas
is not required by Federal law.

3. Generator's Name and Mailing Address

ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 766-1010

A. State Manifest Document Number

88048078

B. State Generator's ID

HA0036000007

C. State Transporter's ID

902943

D. Transporter's Phone

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

CAT000646117

H. Facility's Phone

(800) 222-2964

9. Designated Facility Name and Site Address

CHEMICAL WASTE MANAGEMENT
35261 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number

ICAT000646117

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA9189 (FO01) (contaminated soil)

12. Containers
No. Type

0 0 1 D T

13. Total
Quantity

101219

14. Unit
Wt/Vol

T

15. Waste No.

State
511/751
EPA/Other
FO01

J. Additional Descriptions for Materials Listed Above

PROFILE LAX M 65176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a. 03

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16.

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Printed/Typed Name

ROBIN QSEAS

Signature

Robin Qseas

Month Day Year

1/10/98

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Doby HAGAR

Signature

Doby Hagar

Month Day Year

1/10/98

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

STEVE BROWN RT

Signature

Steve Brown

Month Day Year

1/10/98

Do Not Write Below This Line

**UNIFORM HAZARDOUS
WASTE MANIFEST**

1. Generator's US EPA ID No.

CA 0000000000000000

Manifest
Document No.

2. Page 1
of 1

Information in the shaded areas
is not required by Federal law

3. Generator's Name and Mailing Address

ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

5. Transporter 1 Company Name

6. US EPA ID Number

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

10. US EPA ID Number

CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

CA 0000000000000000

A. State Manifest Document Number

88048077

B. State Generator's ID

CA 0000000000000000

C. State Transporter's ID

903609

D. Transporter's Phone (805) 373-1517

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

CA 0000000000000000

H. Facility's Phone

(800) 222-2964

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers
No. Type

13. Total
Quantity

14. Unit
Wt/Vol

15. Waste No.

a. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (F001) (contaminated soil)

9910000000000000

State

611/761

EPA/Other

F001

State

EPA/Other

State

EPA/Other

State

EPA/Other

J. Additional Descriptions for Materials Listed Above

PROFILE LAX H 00176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a.

05

b.

c.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16.

GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

11 11 88

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Richard D. Bennett

Signature

Richard D. Bennett

Month Day Year

11 11 88

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

Printed/Typed Name

STADLER, JAMES R.

Signature

James R. Stadler

Month Day Year

11 11 88

88048077

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

GENERATOR

TRANSPORTER

FACILITY

Please print or type. (Form designed for use on site (12" typewriter).

Instructions on the Back

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.

Manifest Document No.

2. Date

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address

**ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
 11800 SHERMAN WAY, N. HOLLYWOOD, CA 91605**

4. Generator's Phone

818 765-1010

5. Transporter 1 Company Name

6

US EPA ID Number

7. Transporter 2 Company Name

8

US EPA ID Number

9. Designated Facility Name and Site Address

10

US EPA ID Number

**CHEMICAL WASTE MANAGEMENT
 35251 OLD SKYLINE DRIVE
 KETTLEMAN CITY, CA 93239**

CAT0000046117

A. State Manifest Document Number

88048076

B. State Generator's ID

NAK670000097

C. State Transporter's ID

767627

D. Transporter's Phone

805-393-1151

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

CAT0000046117

H. Facility's Phone

(800) 222-2864

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

No.

Type

13. Total Quantity

14. Unit

Wt/Vol

1. Waste No.

a. **RQ, HAZARDOUS WASTE SOLID, H.O.S., ORM-E
 NA 9189 (FOO1) (contaminated soil)**

001 D T DICKY T

State

611/781

EPA/Other

FOO1

b

State

EPA/Other

c

State

EPA/Other

d

State

EPA/Other

J. Additional Descriptions for Materials Listed Above

PROFILE LAX H 68176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a. **03**

b.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16

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Printed/Typed Name

ROBIN OSEAS

Signature

[Signature]

Month Day Year

11/21/88

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

[Signature]

Signature

[Signature]

Month Day Year

11/21/88

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

11/21/88

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as notes in Item 19.

Printed/Typed Name

STAN BRADW RT

Signature

[Signature]

Month Day Year

11/21/88

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

GENERATOR

FACILITY

Do Not Write Below This Line

Instructions on the Back

Please print or type. (Form designed for use on elite (12-plt.)

Information in the shaded areas
is not required by Federal law.

Yellow: TSDf SENDS THIS COPY TO GENERATOR WITHIN

88048073

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

GENERATOR

TRANSPORTER

FACILITY

UNIFORM HAZARDOUS
WASTE MANIFEST

1. Generator's US EPA ID No.

Manifest
Document No.

2. Page 1
of 1

Information in the shaded areas
is not required by Federal law.

3. Generator's Name and Mailing Address

ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

5. Transporter 1 Company Name

6. US EPA ID Number

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number

A. State Manifest Document Number

88048073

B. State Generator's ID

NAHQ36000097

C. State Transporter's ID

D. Transporter's Phone

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

CAT000646117

H. Facility's Phone

(800) 222-2964

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers
No. Type

13. Total
Quantity

14. Unit
Wt./Vol

15. Waste No.

a. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORH-E
NA 9189 (FOO1) (contaminated soil)

0,0,1 DT

1/2

T

State

611/751

EPA/Other

FOO1

b.

State

EPA/Other

c.

State

EPA/Other

d.

State

EPA/Other

J. Additional Descriptions for Materials Listed Above

PROFILE LAX H 85176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a. 03

c.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day

11/1/88

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Don Mead

Signature

Don Mead

Month Day

11/1/88

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day

11/1/88

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

STARR BROWN AT

Signature

Starr Brown

Month Day

11/1/88

88048073

Instructions on the Back

UNIFORM HAZARDOUS
WASTE MANIFEST

1. Generator's US EPA ID No.

Manifest
Document No.

2. Page 1

Information in the shaded areas
is not required by Federal law.

3. Generator's Name and Mailing Address

ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

5. Transporter 1 Company Name

6. US EPA ID Number

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

10. US EPA ID Number

CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

A. State Manifest Document Number

88048072

B. State Generator's ID

MAN 936009097

C. State Transporter's ID

D. Transporter's Phone

1865 777-137

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

CAT 000646117

H. Facility's Phone

(800) 322-2964

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers
No. Type

13. Total
Quantity

14. Unit
Wt/Vol

15. Waste No.

a. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (F001) (contaminated soil)

0 0 1 D T 1021/12

T

State
611/751

EPA/Other
F001

b.

State

EPA/Other

c.

State

EPA/Other

d.

State

EPA/Other

J. Additional Descriptions for Materials Listed Above

PROFICE LAX N 66176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a. 03

b.

c.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16.

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

11/1/93

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

MP Vacuum Pwr Pk

Signature

Don Porton

Month Day Year

11/1/93

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19

Printed/Typed Name

STEVE BREWSTER

Signature

Steve Brewster

Month Day Year

11/1/93

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

88048072

GENERATOR

TRANSPORTER

FACILITY

Please print or type. (Form designed for use on elite (12-pin)ewriter)

Instructions on the Back

**UNIFORM HAZARDOUS
WASTE MANIFEST**

1. Generator's US EPA ID No.

Manifest
Document No.

2. Page 1

Information in the shaded areas
is not required by Federal law

3. Generator's Name and Mailing Address

**ALLIED-SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605**

4. Generator's Phone (818 765-1010

5. Transporter 1 Company Name

6. US EPA ID Number

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

**CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239**

10. US EPA ID Number

A. State Manifest Document Number

88048071

B. State Generator's ID

HAHQ360090971

C. State Transporter's ID

702200

D. Transporter's Phone / 905 702-1151

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

CAIT0006461117

H. Facility's Phone

(800) 222-2964

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers
No. Type

13. Total
Quantity

14. Unit
Wt/Vol

15. Waste No.

a. **RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (FOO1) (contaminated soil)**

0 0 1 0 1

CA 1117

T

State
611/751
EPA/Other
FOO1

J. Additional Descriptions for Materials Listed Above

PROFILE LAX H 00176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a. **Q3**

b.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16.

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

11/1/88

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

CHUCK CRUZON

Signature

Chuck Cruzon

Month Day Year

11/1/88

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

Steve Pichul

Signature

Steve Pichul

Month Day Year

10/1/88

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL REG. CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

GENERATOR

TRANSPORTER

FACILITY

Instructions on the Back

88048070

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

GENERATOR

TRANSPORTER

FACILITY

UNIFORM HAZARDOUS
WASTE MANIFEST

1. Generator's US EPA ID No.

Manifest
Document No.

2. Page 1
of

information in the shaded areas
is not required by Federal law.

3. Generator's Name and Mailing Address

ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone

818 768-1010

5. Transporter 1 Company Name

6. US EPA ID Number

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTERMAN CITY, CA 93239

10. US EPA ID Number

CAT000646117

A. State Manifest Document Number

88048070

B. State Generator's ID

CAW034009097

C. State Transporter's ID

D. Transporter's Phone

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

CAT000646117

H. Facility's Phone

(800) 222-2964

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers
No. Type

13. Total
Quantity

14. Unit
Wt./Vol

I. Waste No.

a. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (F001) (contaminated soil)

001 DT

1

State

611/751

EPA/Other

F001

State

EPA/Other

State

EPA/Other

State

EPA/Other

J. Additional Descriptions for Materials Listed Above

PROFILE LAX N 08176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a.

b.

c.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

11/1/88

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

[Signature]

Month Day Year

11/1/88

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

[Signature]

Month Day Year

11/1/88

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

Printed/Typed Name

STEVEN BAKER

Signature

Steven Baker

Month Day Year

11/1/88

Please print or type. (Form designed for use on elite (12-cpi) typewriter).

Instructions on the Back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No	Manifest Document No.	Page 1 of 1	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address APPLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION 11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605		C A D 0 0 8 3 2 5 3 3 4		A. State Manifest Document Number 88048069	
4. Generator's Phone (818) 765-1010				B. State Generator's ID HAHQ96009097	
5. Transporter 1 Company Name Chemical Waste Management		6. US EPA ID Number CA 0000646117		C. State Transporter's ID CA 0000646117	
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone (800) 222-2964	
9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT 35251 OLD SKYLINE DRIVE KETTLEMAN CITY, CA 93239		10. US EPA ID Number CA 0000646117		E. State Facility's ID CA 0000646117	
				H. Facility's Phone (800) 222-2964	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No. Type	13. Total Quantity	14. Unit Wt/Vol	1. Waste No.
a. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (FOO1) (contaminated soil)		001	1	T	State 611/751 EPA/Other FOO1
b.					State EPA/Other
c.					State EPA/Other
d.					State EPA/Other
J. Additional Descriptions for Materials Listed Above PROFILE LAX H 68178 CONTAMINATED SOIL FROM SITE REMEDIATION		K. Handling Codes for Wastes Listed Above a. 03 b. c. d.			
15. Special Handling Instructions and Additional Information WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT					
18. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.					
Printed/Typed Name ROBIN OSEAS		Signature <i>Robin Oseas</i>		Month Day Year 11/1/88	
17. Transporter 1 Acknowledgement of Receipt of Materials		Printed/Typed Name STEVE BERLIN		Signature <i>Steve Berlin</i>	
18. Transporter 2 Acknowledgement of Receipt of Materials		Printed/Typed Name		Signature	
19. Discrepancy Indication Space					
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19					
Printed/Typed Name STEVE BERLIN		Signature <i>Steve Berlin</i>		Month Day Year 11/1/88	

IN CASE OF AN EMERGENCY OR SPILL, CALL 1-800-424-8802. WITHIN CALIFORNIA CALL 1-800-852-7550

USE CENTER 1-800-424-8802. WITHIN CALIFORNIA CALL 1-800-852-7550

USE CENTER 1-800-424-8802. WITHIN CALIFORNIA CALL 1-800-852-7550

Do Not Write Below This Line

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS

Instructions on the Back

Please print or type (Form designed for use on a 12-pitch typewriter).

UNIFORM HAZARDOUS
WASTE MANIFEST

1. Generator's US EPA ID No.

Manifest
Document No.

2. Date

Information in the shaded areas
is not required by Federal law

3. Generator's Name and Mailing Address

ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone

818 765-1010

6

US EPA ID Number

5. Transporter 1 Company Name

8

US EPA ID Number

7. Transporter 2 Company Name

10

US EPA ID Number

9. Designated Facility Name and Site Address

CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

CAT0000646117

G. State Facility's ID

H. Facility's Phone

(800) 222-2984

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers

No.

Type

13. Total
Quantity

14. Unit
Wt/Vol

I. Waste No.

a. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (FOO1) (contaminated soil)

001 DIT

State

611/761

EPA/Other

State

FOO1

EPA/Other

State

EPA/Other

State

EPA/Other

J. Additional Descriptions for Materials Listed Above

PROFILE LAX H 65176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a.

b.

c.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

11/1/88

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Timothy

Signature

Timothy

Month Day Year

11/1/88

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

11/1/88

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19

Printed/Typed Name

STANISLAW

Signature

Stanislaw

Month Day Year

11/1/88

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8602; WITHIN CALIFORNIA CALL 1-800-852-7550

GENERATOR

FACILITY

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of 1	Information in the shaded areas is not required by Federal law
3. Generator's Name and Mailing Address ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION 11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605		4. Generator's Phone (818) 765-1010		A. State Manifest Document Number 88048067	
5. Transporter 1 Company Name		6. US EPA ID Number		B. State Generator's ID CA 0000000007	
7. Transporter 2 Company Name		8. US EPA ID Number		C. State Transporter's ID 902973	
9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT 35251 OLD SKYLINE DRIVE KETTLEMAN CITY, CA 93239		10. US EPA ID Number CA T 0000646117		D. Transporter's Phone 708-337117	
				E. State Transporter's ID	
				F. Transporter's Phone	
				G. State Facility's ID CA T 0000646117	
				H. Facility's Phone (800) 222-2964	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol
a. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (FOO1) (contaminated soil)		0101	DIT	1424	T
b.					
c.					
d.					
J. Additional Descriptions for Materials Listed Above PROFILE LAX N 86176 CONTAMINATED SOIL FROM SITE REMEDIATION		K. Handling Codes for Wastes Listed Above a. 03 b. c. d.			
15. Special Handling Instructions and Additional Information WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.					
Printed/Typed Name ROBIN OSEAS		Signature <i>Robin Oseas</i>		Month Day Year 11 11 88	
17. Transporter 1 Acknowledgement of Receipt of Materials		Printed/Typed Name Doby HAGAR		Signature <i>Doby Hagar</i>	
18. Transporter 2 Acknowledgement of Receipt of Materials		Printed/Typed Name		Signature	
19. Discrepancy Indication Space					
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.		Printed/Typed Name STACIA		Signature <i>Stacia</i>	
				Month Day Year 11 11 88	

**UNIFORM HAZARDOUS
WASTE MANIFEST**

1. Generator's US EPA ID No.

Manifest
Document No.

Page 1

Information in the shaded areas
is not required by Federal law.

3. Generator's Name and Mailing Address

**ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605**

4. Generator's Phone (818) 765-1010

5. Transporter 1 Company Name

6. US EPA ID Number

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

10. US EPA ID Number

**CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETLEMAN CITY, CA 93230**

ICATD0000646117

A. State Manifest Document Number

88048088

B. State Generator's ID

ICATD0000646117

C. State Transporter's ID

D. Transporter's Phone

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

H. Facility's Phone

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers

No.

Type

13. Total Quantity

14. Unit

Wt/Vol

15. Waste No.

a. **RQ, HAZARDOUS WASTE SOLID, H.O.S., ORM-E
NA 9189 (FO01) (contaminated soil)**

01011 RLT 2012/1/13

State

611/751

EPA/Other

FO01

b.

State

EPA/Other

c.

State

EPA/Other

d.

State

EPA/Other

J. Additional Descriptions for Materials Listed Above

PROFILE LAX H 00176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a.

03

c.

b.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16.

GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

1/14/1988

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Don Marshall

Signature

Don Marshall

Month Day Year

1/14/1988

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

Printed/Typed Name

Steve Pickard

Signature

Steve Pickard

Month Day Year

1/14/1988

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. CA00008328334	Manifest Document No. 1111	2. Page 1 of 1	Information in the shaded areas is not required by Federal law
3. Generator's Name and Mailing Address ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION 11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605				A. State Manifest Document Number 88048065	
4. Generator's Phone (818) 765-1010				B. State Operator's ID HA0030000097	
5. Transporter 1 Company Name		6. US EPA ID Number		C. State Transporter's ID 703007	
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone 805-355-151	
9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT 35251 OLD SKYLINE DRIVE KETTLEMAN CITY, CA 93239		10. US EPA ID Number CA0000040117		E. State Transporter's ID 703007	
				F. Transporter's Phone	
				G. State Facility's ID CA0000040117	
				H. Facility's Phone (800) 222-2964	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No. Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (FO01) (contaminated soil)		99 97	2000	T	State 811/751 EPA/Other FO01
b.					State EPA/Other
c.					State EPA/Other
d.					State EPA/Other
J. Additional Descriptions for Materials Listed Above PROFILE LAX H 00178 CONTAMINATED SOIL FROM SITE REMEDIATION				K. Handling Codes for Wastes Listed Above a. 03 b. c. d.	
15. Special Handling Instructions and Additional Information WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. Printed/Typed Name ROBIN OSEAS Signature <i>Robin Oseas</i> Month Day Year 12/1/88					
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name Richard D Bennett Signature <i>Richard D Bennett</i> Month Day Year 12/1/88					
18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name Signature Month Day Year					
19. Discrepancy Indication Space					
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19. Printed/Typed Name STEVE BARNES Signature <i>Steve Barnes</i> Month Day Year 12/1/88					

Instructions on the Back

UNIFORM HAZARDOUS
WASTE MANIFEST

1. Generator's US EPA ID No.

Manifest
Document No.

2. Page 1
of

Information in the shaded areas
is not required by Federal law.

3. Generator's Name and Mailing Address

ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91606

4. Generator's Phone

818 765-1010

5. Transporter 1 Company Name

6. US EPA ID Number

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number

A. State Manifest Document Number

88048064

B. State Generator's ID

C. State Transporter's ID

D. Transporter's Phone

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

H. Facility's Phone

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers
No. Type

13. Total
Quantity

14. Unit
Wt/Vol

15. Waste No.

a. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (FOO1) (contaminated soil)

0101

DIT

1213

State

611/751

EPA/Other

FOO1

b.

c.

d.

J. Additional Descriptions for Materials Listed Above

PROFILE LAX H 08176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a. 03

c.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16.

GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

12/1/88

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

Printed/Typed Name

Signature

Month Day Year

STANLEY BROWN JR.

Stanley Brown Jr.

12/1/88

**UNIFORM HAZARDOUS
WASTE MANIFEST**

1. Generator's US EPA ID No.

Manifest
Document No.

2. Page 1
of 1

Information in the shaded areas
is not required by Federal law

3. Generator's Name and Mailing Address

**ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605**

4. Generator's Phone

818 765-1010

5. Transporter 1 Company Name

Exempt Control Service

6. US EPA ID Number

1047 1510134187

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

**CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239**

10. US EPA ID Number

CAT000646117

A. State Manifest Document Number

88048063

B. State Generator's ID

111136000007

C. State Transporter's ID

910226

D. Transporter's Phone

800 821-3345

E. State Transporter's ID

CAT000646117

F. Facility's Phone

(800) 212-2904

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

**a. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (FOO1) (contaminated soil)**

12. Containers
No. Type

001 DT

13. Total
Quantity

102142

14. Unit
Wt/Vol

T

I. Waste No.

**State 611/761
EPA/Other F001**

J. Additional Descriptions for Materials Listed Above

PROFILE LAX N 00170

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

OB

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16.

GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

12/14/88

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

LOVE DRILLERS

Signature

Love Drillers

Month Day Year

1/6/1985

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

Steve Pickell

Signature

Steve Pickell

Month Day Year

7/9/88

Do Not Write Below This Line

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 D

Please print or type. (Form designed for use on elite (12-pin) typewriter).

Instructions on the Back

UNIFORM HAZARDOUS
WASTE MANIFEST

1. Generator's US EPA ID No.

Manifest
Document No.

2. Date

Information in the shaded areas
is not required by Federal law.

3. Generator's Name and Mailing Address

ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone

818 768-1010

5. Transporter 1 Company Name

6. US EPA ID Number

MP Vacuum Truck Service, Inc. 674247

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

10. US EPA ID Number

CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10 A TO 0 0 6 4 6 1 1 7

G. State Facility's ID

H. Facility's Phone

(800) 222-2864

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers
No. Type

13. Total
Quantity

14. Unit
Wt/Vol

1. Waste No.

a. AQ. HAZARDOUS WASTE SOLID, N.O.S., ORN-E
NA 9189 (FOO1) (contaminated soil)

0 0 1 D T

1214 T

State 611/751
EPA/Other FOO1

b.

1 1 1 1 1 1 1 1 1 1

State
EPA/Other

c.

1 1 1 1 1 1 1 1 1 1

State
EPA/Other

d.

1 1 1 1 1 1 1 1 1 1

State
EPA/Other

J. Additional Descriptions for Materials Listed Above

PROFILE LAX N 86176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a.

03

b.

c.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16.

GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

11/01/78

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Richard D. Bennett

Signature

Richard D. Bennett

Month Day Year

11/01/78

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

Printed/Typed Name

STEVE BRADLEY

Signature

Steve Bradley

Month Day Year

11/01/78

Please print or type. (Form designed for use on elite (12) typewriter).

Instructions on the Back

88048060
IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-9802; WITHIN CALIFORNIA CALL 1-800-852-7550

GENERATOR

TRANSPORTER

FACILITY

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. Manifest Document No.		2. Page 1 of 1		Information in the shaded areas is not required by Federal law	
3. Generator's Name and Mailing Address ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION 11600 SHERMAN WAY, N. HOLLYWOOD, CA 91608				A. State Manifest Document Number 88048060			
4. Generator's Phone 818 785-1010				B. State Generator's ID MAH000000000			
5. Transporter 1 Company Name MP TRUCK SERVICE				C. State Transporter's ID 902943			
6. US EPA ID Number CAT0006424247				D. Transporter's Phone 805-292-1151			
7. Transporter 2 Company Name				E. State Transporter's ID			
8. US EPA ID Number				F. Transporter's Phone			
9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT 35251 OLD SKYLINE DRIVE KETTERMAN CITY, CA 93839				G. State Facility's ID CAT0006461117			
10. US EPA ID Number CAT0006461117				H. Facility's Phone (800) 222-2864			
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)				12. Containers		13. Total Quantity	
				No. Type		Unit	
a. RQ, HAZARDOUS WASTE SOLID, H.O.S., ORN-E NA 9189 (F001) (contaminated soil)				18 1 DIT		T	
b.						State 611/761 EPA/Other F001	
c.						State EPA/Other	
d.						State EPA/Other	
J. Additional Descriptions for Materials Listed Above PROFILE LAX H66176 CONTAMINATED SOIL FROM SITE REMEDIATION				K. Handling Codes for Wastes Listed Above a. 03 b. c. d.			
15. Special Handling Instructions and Additional Information WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT							
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.							
Printed/Typed Name ROBIN OSEAS				Signature <i>[Signature]</i>		Month Day Year 1/14/1988	
17. Transporter 1 Acknowledgement of Receipt of Materials				Printed/Typed Name DARY HAGAR		Signature <i>[Signature]</i>	
				Month Day Year 1/14/1988			
18. Transporter 2 Acknowledgement of Receipt of Materials				Printed/Typed Name		Signature	
				Month Day Year			
19. Discrepancy Indication Space A. Original Manifest							
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.							
Printed/Typed Name STEVE BAKER ET				Signature <i>[Signature]</i>		Month Day Year 1/14/1988	

R 3511

Instructions on the Back

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.

000008111111

Manifest Document No.

147151

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address

ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91606

4. Generator's Phone (818) 765-1010

5. Transporter 1 Company Name

MP JACOBI & CO. S. W. CA

6. US EPA ID Number

CAT000624247

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

CHEMICAL WASTE MANAGEMENT
35281 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number

10AT000646117 (800) 222-2064

A. State Manifest Document Number

88048059

B. State Generator's ID

MAN014000097

C. State Transporter's ID

1051667

D. Transporter's Phone (805) 343-1181

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

CAT000646117

H. Facility's Phone

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (FOO1) (contaminated soil)

12. Containers

No. Type

991 910 1/2 T

13. Total Quantity

14. Unit

15. Waste No.

State 611/751

EPA/Other FOO1

J. Additional Descriptions for Materials Listed Above

PROFILE LAM N 65176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a. 03

b.

c.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16.

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Printed/Typed Name

ROBIN OSEAS

Signature

[Signature]

Month Day Year

11/17/88

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Tim Butler

Signature

[Signature]

Month Day Year

11/17/88

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

11/17/88

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

STANLEY K. HARRIS JR.

Signature

[Signature]

Month Day Year

11/17/88

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

88048059

**UNIFORM HAZARDOUS
WASTE MANIFEST**

1. Generator's US EPA ID No.

Manifest
Document No.

2. Page 1

Information in the shaded areas
is not required by Federal law.

3. Generator's Name and Mailing Address

**ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91606**

4. Generator's Phone

818 755-1010

5. Transporter 1 Company Name

6. US EPA ID Number

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

**CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239**

10. US EPA ID Number

A. State Manifest Document Number

88048058

B. State Generator's ID

C. State Transporter's ID

D. Transporter's Phone

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

H. Facility's Phone

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

No.

Type

13. Total
Quantity

14. Unit
Wt/Vol

I. Waste No.

a. **RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (F001) (contaminated soil)**

b.

c.

d.

e.

f.

g.

h.

i.

j.

k.

l.

m.

n.

o.

p.

q.

r.

s.

t.

u.

v.

w.

x.

y.

z.

aa.

J. Additional Descriptions for Materials Listed Above

PROFILE LAX N 88176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a.

c.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16.

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Printed/Typed Name

ROBIN OSEAS

Signature

Month Day Year

11/11/78

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

AL WALKER

Signature

Month Day Year

11/11/78

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 18.

Printed/Typed Name

Steve Pickens

Signature

Month Day Year

10/17/88

88048058

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

**UNIFORM HAZARDOUS
WASTE MANIFEST**

1. Generator's US EPA ID No.

040000226224

Manifest
Document No.

2. Page 1
of 1

Information in the shaded areas
is not required by Federal law

3. Generator's Name and Mailing Address

**ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91606**

4. Generator's Phone ()

818 766-1010

5. Transporter 1 Company Name

WASTE CONTROL

6

US EPA ID Number

CAT09 034141

7. Transporter 2 Company Name

8

US EPA ID Number

9. Designated Facility Name and Site Address

**CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLERMAN CITY, CA 93239**

10

US EPA ID Number

CAT000646117

A. (State) Manifest Document Number

0048057

B. (State) Generator's ID

040000226224

C. (State) Transporter's ID

101503

D. (State) Transporter's Phone ()

818 624-3348

E. (State) Transporter's ID

F. (State) Facility's Phone

G. (State) Facility's ID

04000040222

H. Facility's Phone

(800) 222-2264

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

**RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (P001) (contaminated soil)**

12. Containers

No

Type

13. Total Quantity

14. Unit
Wt/Vol

1. Waste No.

002 BT

T

State 611/761

EPA/Other P001

J. Additional Descriptions for Materials Listed Above

PROFILE LAX N 00176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

03

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16.

GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

10/1/92

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Conrad Hensler

Signature

Conrad Hensler

Month Day Year

10/1/92

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

None

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

Printed/Typed Name

Steve Green

Signature

Steve Green

Month Day Year

10/1/92

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL HES CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

00040001

GENERATOR

TRANSPORTER

FACILITY

R 3512-01

**UNIFORM HAZARDOUS
WASTE MANIFEST**

1. Generator's US EPA ID No.

Manifest
Document No.

2. Page 1

Information in the shaded areas
is not required by Federal law.

3. Generator's Name and Mailing Address

**ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91606**

4. Generator's Phone

818 765-1010

5. Transporter 1 Company Name

6. US EPA ID Number

ICIA 70000101012142112

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

10. US EPA ID Number

**CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTERMAN CITY, CA 93239**

ICAT 0006461117

A. State Manifest Document Number

88048056

B. State Generator's ID

C. State Transporter's ID

D. Transporter's Phone

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

H. Facility's Phone

(800) 222-2964

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers
No. Type

13. Total
Quantity

14. Unit
Wt/Vol

15. Waste No.

a. **RQ, HAZARDOUS WASTE SOLID, H.O.S., ORM-E
NA 9189 (F001) (contaminated soil)**

01011

D T 0021415

T

State **611/751**
EPA/Other **F001**

b.

11

11

11

11

State
EPA/Other

c.

11

11

11

11

State
EPA/Other

d.

11

11

11

11

State
EPA/Other

J. Additional Descriptions for Materials Listed Above

PROFILE LAX H 65176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a. **03**

c.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16.

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

11/11/88

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

THOMAS CLUZAN

Signature

Thomas Cluzan

Month Day Year

11/11/88

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

Steve Pickel

Signature

Steve Pickel

Month Day Year

10/17/88

000400000
SE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7650

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL R

FACILITY

**UNIFORM HAZARDOUS
WASTE MANIFEST**

1. Generator's US EPA ID No. **CA0008325334**
Manifest Document No. **11111**

2. Page 1 of 1
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address

**ALLIED SIGNAL, INC. ELEC TRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605**

4. Generator's Phone **(818) 788-1010**

A. State Manifest Document Number

88048055

B. State Generator's ID

HA036000001

5. Transporter 1 Company Name

6. US EPA ID Number

CA79X4434184

C. State Transporter's ID

770426

D. Transporter's Phone **(916) 821-3345**

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address

**CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239**

10. US EPA ID Number

CA7000644117

G. State Facility's ID

CA2000644117

H. Facility's Phone

(800) 222-2064

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

**RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (PO01) (contaminated soil)**

12. Containers
No. Type

9 OR D IT 00043 T

13. Total Quantity

14. Unit
Wt/Vol

1. Waste No.

State **CA**
EPA/Other **781**

State **CA**
EPA/Other **781**

State **CA**
EPA/Other **781**

State **CA**
EPA/Other **781**

State **CA**
EPA/Other **781**

State **CA**
EPA/Other **781**

State **CA**
EPA/Other **781**

State **CA**
EPA/Other **781**

J. Additional Descriptions for Materials Listed Above

PROFILE LAT N 00170

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a. **03**

c. **03**

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16.

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

11/11/88

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

LOUIS DR. GORDON

Signature

Louis Dr. Gordon

Month Day Year

11/11/88

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

HA 556 7711

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

Steve Pickel

Signature

Steve Pickel

Month Day Year

10/17/88

IN CASE OF AN EMERGENCY OR SPILL, CALL 1-800-424-8802, WITHIN CALIFORNIA CALL 1-800-852-7550

SE CENTER 1-800-424-8802, WITHIN CALIFORNIA CALL 1-800-852-7550

IN CASE OF AN EMERGENCY OR SPILL, CALL 1-800-424-8802, WITHIN CALIFORNIA CALL 1-800-852-7550

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL HAZARDOUS WASTE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No	Manifest Document No.	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address ALLIED SIGNAL INC. ELECTRODYNAMICS DIVISION 11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605		4. Generator's Phone 818 765-1010		A. State Manifest Document Number 88048046	
5. Transporter 1 Company Name FRANK B. SHOP TRUCKING		6. US EPA ID Number CA 0981142816		C. State Transporter's ID 981654	
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone 805 348-3483	
9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT 35251 OLD SKYLINE DRIVE KETTLEMAN CITY, CA 93239		10. US EPA ID Number 10A1000646117		E. State Facility's ID 00000646117	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No.	13. Total Quantity	14. Unit Wt/Vol	15. Waste No.
a. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)		0010	15 T		State 611/751 EPA/ORM F001
b.					State EPA/Other
c.					State EPA/Other
d.					State EPA/Other
J. Additional Descriptions for Materials Listed Above PROFILE LAX N 65176 CONTAMINATED SOIL FROM SITE REMEDIATION		K. Handling Codes for Wastes Listed Above a. 03		b.	
15. Special Handling Instructions and Additional Information WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT		c.		d.	
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.					
Printed/Typed Name ROBIN OSEAS		Signature <i>[Signature]</i>		Month Day Year 11/9/1988	
17. Transporter 1 Acknowledgement of Receipt of Materials		Signature <i>[Signature]</i>		Month Day Year 11/11/1988	
18. Transporter 2 Acknowledgement of Receipt of Materials		Signature		Month Day Year	
19. Discrepancy Indication Space					
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.					
Printed/Typed Name STEVE BARKER JR		Signature <i>[Signature]</i>		Month Day Year 11/11/88	

23476-05

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30

Please print or type. (Form designed for use on elite (12-p) typewriter)

Instructions on the Ba

Yellow: TSDf SENDS THIS COPY TO GENERATOR WITHIN 30

2007-08

**UNIFORM HAZARDOUS
 WASTE MANIFEST**

1. Generator's US EPA ID No.

CA 00001215134

Manifest
 Document No.

797790

2. Page 1

Information in the shaded areas
 is not required by Federal law

3. Generator's Name and Mailing Address

**ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
 11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605**

4. Generator's Phone (818)

765-1010

5. Transporter 1 Company Name

W. F. VICKERSON TRUCK SERVICE

6.

US EPA ID Number

CA 0000646117

7. Transporter 2 Company Name

8.

IS EPA ID Number

9. Designated Facility Name and Site Address

**CHEMICAL WASTE MANAGEMENT
 35251 OLD SKYLINE DRIVE
 KETTLEMAN CITY, CA 93239**

10.

US EPA ID Number

CA 0000646117

A. State Manifest Document Number

88048043

B. State Generator's ID

HA 0000000007

C. State Transporter's ID

703604

D. Transporter's Phone

805373-1151

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

CA 0000000007

H. Facility's Phone

(800) 222-2964

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

**RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
 NA 9189 (FD01) (contaminated soil)**

12. Containers
 No. Type

001 DTCOC24 T

13. Total
 Quantity

14. Unit
 Wt/Vol

15. Waste No.

State 611/761

EPA/Other F001

State

EPA/Other

State

EPA/Other

State

EPA/Other

J. Additional Descriptions for Materials Listed Above

PROFILE LAX N 06176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a. 03

c.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

10/1/88

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Richard E. Rennie

Signature

Richard E. Rennie

Month Day Year

10/1/88

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

Printed/Typed Name

Steve Oseas

Signature

Steve Oseas

Month Day Year

10/1/88

00040043
 IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7650

Please print or type. (Form designed for use on elite (12-p) typewriter).

Instructions on the Back

000400476
 IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL TOXIC
 CENTER 1-800-424-8802, WITHIN CALIFORNIA CALL 1-800-852-7550

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. CA00008125334		Manifest Document No. 0121/1317		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.									
3. Generator's Name and Mailing Address ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION 11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605						A. State Manifest Document Number 88048042											
4. Generator's Phone 818 765-1010						B. State Generator's ID 11221200000097											
5. Transporter 1 Company Name WILSON TRUCK SERVICE						C. State Transporter's ID 703640											
6. US EPA ID Number ICAT100016121417						D. Transporter's Phone (605) 392-1151											
7. Transporter 2 Company Name						E. State Transporter's ID											
8. US EPA ID Number						F. Transporter's Phone											
9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT 35251 OLD SKYLINE DRIVE KETTLEMAN CITY, CA 93239						G. State Facility's ID CA10000646117											
10. US EPA ID Number ICAT0000646117						H. Facility's Phone (909) 222-2964											
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers		13. Total Quantity		14. Unit Wt/Vol		15. Waste No.					
a. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (FOO1) (contaminated soil)						No. 0121 Type T		Quantity 01012316		Unit T		State 611/751 EPA/Other FOO1					
b.												State EPA/Other					
c.												State EPA/Other					
d.												State EPA/Other					
J. Additional Descriptions for Materials Listed Above PROFILE LAX N 05176 CONTAMINATED SOIL FROM SITE REMEDIATION						K. Handling Codes for Wastes Listed Above a. 03 b. c. d.											
15. Special Handling Instructions and Additional Information WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT																	
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.																	
Printed/Typed Name ROBIN GSEAS						Signature <i>[Signature]</i>				Month Day Year 11/01/91							
17. Transporter 1 Acknowledgement of Receipt of Materials						Printed/Typed Name 11/01/91				Signature <i>[Signature]</i>				Month Day Year 11/01/91			
18. Transporter 2 Acknowledgement of Receipt of Materials						Printed/Typed Name				Signature				Month Day Year			
19. Discrepancy Indication Space																	
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.																	
Printed/Typed Name STEVE BRANKIN						Signature <i>[Signature]</i>				Month Day Year 11/01/91							

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. C A D 0 0 0 3 2 5 3 3 4		Manifest Document No. 921738		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.					
3. Generator's Name and Mailing Address ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION 1600 SHERMAN WAY, N. HOLLYWOOD, CA 91605						A. State Manifest Document Number 88048041							
4. Generator's Phone (818) 765-1010						B. State Generator's ID H A N D 3 6 0 0 9 0 9 7							
5. Transporter 1 Company Name MR VACUUM TRUCK SERVICE						C. State Transporter's ID 703689							
6. US EPA ID Number C 4 7 0 0 0 6 4 9 2 4 7						D. Transporter's Phone (805) 393-1151							
7. Transporter 2 Company Name						E. State Transporter's ID							
8. US EPA ID Number						F. Transporter's Phone							
9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT 35251 OLD SKYLINE DRIVE KETTLEMAN CITY, CA 93239						G. State Facility's ID C A T 0 0 0 6 4 6 1 1 7							
10. US EPA ID Number C A T 0 0 0 6 4 6 1 1 7						H. Facility's Phone (800) 222-2964							
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers No. Type		13. Total Quantity		14. Unit Wt/Vol		15. Waste No.	
a. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (FOO1) (contaminated soil)						0 0 1 D T 0 0 2 4 1 T						State 611/781	
												EPA/Other FOO1	
												State	
												EPA/Other	
b.										State			
c.										State			
d.										State			
J. Additional Descriptions for Materials Listed Above PROFILE LAX N 00176 CONTAMINATED SOIL FROM SITE REMEDIATION						K. Handling Codes for Wastes Listed Above a. 03		b.		c.		d.	
15. Special Handling Instructions and Additional Information WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT													
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Printed/Typed Name ROBIN OSEAS						Signature <i>[Signature]</i>						Month Day Year 11 19 88	
17. Transporter 1 Acknowledgement of Receipt of Materials													
Printed/Typed Name AL WALKER						Signature <i>[Signature]</i>						Month Day Year 11 19 88	
18. Transporter 2 Acknowledgement of Receipt of Materials													
Printed/Typed Name						Signature						Month Day Year	
19. Discrepancy Indication Space													
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.													
Printed/Typed Name Steve Pickel						Signature <i>[Signature]</i>						Month Day Year 11 19 88	

7 2091-02

Instructions on the Back

UNIFORM HAZARDOUS
WASTE MANIFEST

1. Generator's US EPA ID No.

Manifest
Document No.

2. State of

Information in the shaded areas
is not required by Federal law.

3. Generator's Name and Mailing Address

ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 768-1010

5. Transporter 1 Company Name

6. US EPA ID Number

M.F. VACUUM TRUCK SERVICE

CA 1709091241417

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

10. US EPA ID Number

CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

CA T000646117

A. State Manifest Document Number

88048040

B. State Generator's ID

NA 000000007

C. State Transporter's ID

563760

D. Transporter's Phone (605) 393-1151

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

CA T000646117

H. Facility's Phone

(800) 222-2964

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers

13. Total Quantity

14. Unit Wt/Vol

15. Waste No.

a. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (F001) (contaminated soil)

01011 d 1000 141/1

State

611/751

EPA/Other

F001

b.

State

EPA/Other

c.

State

EPA/Other

d.

State

EPA/Other

J. Additional Descriptions for Materials Listed Above

PROPERTY LAX H 00176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a. 03

c.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16.

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

11/19/88

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Chuck Cruz

Signature

Chuck Cruz

Month Day Year

11/19/88

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

Printed/Typed Name

Steve Pickel

Signature

Steve Pickel

Month Day Year

10/1/88

1/88

Do Not Write Below This Line

Previous editions are obsolete.

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 D

12-3491-63

Instructions on the Back

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of 1	Information in the shaded areas is not required by Federal law	
3. Generator's Name and Mailing Address ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION 11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605		C A D 0 0 8 3 2 5 3 3 4		A. State Manifest Document Number 88048039		
4. Generator's Phone (818 765-1010)		6. US EPA ID Number CA 0000000000		B. State Generator's ID HA 0360000000		
5. Transporter 1 Company Name Waste Management		7. Transporter 2 Company Name		C. State Transporter's ID 902915		
8. US EPA ID Number CA 0000000000		9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT 35251 OLD SKYLINE DRIVE KETTLEMAN CITY, CA 93239		D. Transporter's Phone 805-255-1151		
10. US EPA ID Number CA 0000000000		11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		E. State Transporter's ID		
12. Containers No. Type		13. Total Quantity		F. Transporter's Phone		
14. Unit Wt/Vol		15. Waste No.		G. State Facility's ID CA 0000000000		
16. State EPA/Other		17. State EPA/Other		H. Facility's Phone (800) 222-2964		
18. State EPA/Other		19. State EPA/Other		I. Waste No.		
20. State EPA/Other		21. State EPA/Other		22. State EPA/Other		
23. State EPA/Other		24. State EPA/Other		25. State EPA/Other		
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Please print or type. (Form designed for use on elite (12-p) typewriter).

Instructions on the Back

UNIFORM HAZARDOUS
WASTE MANIFEST

1. Generator's US EPA ID No.

Manifest
Document No.

Page 1
of 1

Information in the shaded areas
is not required by Federal law.

3. Generator's Name and Mailing Address

ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

5. Transporter 1 Company Name

6. US EPA ID Number

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

10. US EPA ID Number

CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLERMAN CITY, CA 93239

A. State Manifest Document Number

88485402

B. State Generator's ID

C. State Transporter's ID

D. Transporter's Phone

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

H. Facility's Phone

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers
No. Type

13. Total
Quantity

14. Unit
Wt/Vol

L
Waste No.

a. RQ, HAZARDOUS WASTE SOLID, H.O.S., ORM-E
NA 9189 (FOO1) (contaminated soil)

99197

1000144

T

State
EPA/Other
611/761
FOO1

J. Additional Descriptions for Materials Listed Above

PROFILE LAX N 05176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a.

U3

b.

c.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16.

GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

11/02/1988

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Mike Bennett

Signature

Mike Bennett

Month Day Year

11/02/1988

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

Printed/Typed Name

Steve Smith

Signature

Steve Smith

Month Day Year

11/02/1988

004003402
IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

PAGE

P 4577-02

Instructions on the Back

UNIFORM HAZARDOUS
WASTE MANIFEST

1. Generator's US EPA ID No.

Manifest
Document No.

Page 1
of 1

Information in the shaded areas
is not required by Federal law

3. Generator's Name and Mailing Address

ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

5. Transporter 1 Company Name

6. US EPA ID Number

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

10. US EPA ID Number

CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

A. State Manifest Document Number

88048054

B. State Generator's ID

HA0016000007

C. State Transporter's ID

D. Transporter's Phone (805) 253-1151

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

0AT000646117

H. Facility's Phone

(800) 222-2964

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers
No. Type

13. Total
Quantity

14. Unit
Wt/Vol

15. Waste No.

a. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (F001) (contaminated soil)

9919T

T

State
611/781
EPA/Other
F001

b.					State
c.					EPA/Other
d.					State
					EPA/Other

J. Additional Descriptions for Materials Listed Above

PROFILE LAT N 66176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a. 03 b. c. d.

16. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

18.

GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name

ROBIN

Signature

[Signature]

Month Day Year

1/21/1988

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

1/21/1988

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

1/21/1988

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

Printed/Typed Name

STEVE DEBILLO

Signature

[Signature]

Month Day Year

1/21/1988

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

GENERATOR

TRANSPORTER

Instructions on the Back

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION 11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605		4. Generator's Phone (818) 765-1010		A. State Manifest Document Number 88048053	
5. Transporter 1 Company Name ATLANTIC		6. US EPA ID Number 01011 DIT		C. State Transporter's ID 907476	
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone	
9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT 35251 OLD SKYLINE DRIVE KETTLEMAN CITY, CA 93239		10. US EPA ID Number 01011 DIT		E. State Facility's ID 000646117	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No.	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)		01011 DIT	1	T	State 611/781 EPA/Other F001
b.					State EPA/Other
c.					State EPA/Other
d.					State EPA/Other
J. Additional Descriptions for Materials Listed Above PROFILE LAX N 68176 CONTAMINATED SOIL FROM SITE REMEDIATION		K. Handling Codes for Wastes Listed Above a. 03 b. c. d.			
15. Special Handling Instructions and Additional Information WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.					
Printed/Typed Name ROBIN OSEAS		Signature <i>[Signature]</i>		Month Day Year 11/21/88	
17. Transporter 1 Acknowledgement of Receipt of Materials					
Printed/Typed Name GERALD FOUTCH		Signature <i>[Signature]</i>		Month Day Year 11/21/88	
18. Transporter 2 Acknowledgement of Receipt of Materials					
Printed/Typed Name		Signature		Month Day Year	
19. Discrepancy Indication Space None					
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.					
Printed/Typed Name STEVE BRONKHORST		Signature <i>[Signature]</i>		Month Day Year 11/21/88	

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL TOLL FREE CENTER 1-800-424-8602; WITHIN CALIFORNIA CALL 1-800-852-7550

4172-13

Instructions on the Back

UNIFORM HAZARDOUS
WASTE MANIFEST

1. Generator's US EPA ID No.

Manifest
Document No.

Page 1
of

Information in the shaded areas
is not required by Federal law.

3. Generator's Name and Mailing Address

ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91606

4. Generator's Phone ()

818 765-1010

5. Transporter 1 Company Name

6. US EPA ID Number

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number

A. State Manifest Document Number

88048052

B. State Generator's ID

C. State Transporter's ID

D. Transporter's Phone ()

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

H. Facility's Phone

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers

No.

Type

13. Total Quantity

14. Unit

Wt/Vol

I. Waste No.

a. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (F001) (contaminated soil)

0101

PIT

10211

T

State

811/781

EPA/Other

F001

J. Additional Descriptions for Materials Listed Above

PROFILE LAX N 66178

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a.

03

c.

b.

1

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16.

GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

11/21/88

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Tim Butcher

Signature

Tim Butcher

Month Day Year

11/21/88

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

STEVE BAKER

Signature

Steve Baker

Month Day Year

11/21/88

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802. WITHIN CALIFORNIA CALL 1-800-852-7550

Instructions on the Form

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.		Manifest Document No.		Page 1 of 1		Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION 11600 SHERMAN WAY, N. HOLLYWOOD, CA 91608		4. Generator's Phone (818) 765-1010		5. Transporter 1 Company Name		6. US EPA ID Number		A. State Manifest Document Number 00048051	
7. Transporter 2 Company Name		8. US EPA ID Number		9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT 35251 OLD SKYLINE DRIVE KETTLEMAN CITY, CA 93239		10. US EPA ID Number		B. State Generator's ID NAV014009097	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers		13. Total Quantity		14. Unit Wt/Vol		C. State Transporter's ID 702680	
a. RG, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (FO01) (contaminated soil)		No. Type		Quantity		Wt/Vol		D. Transporter's Phone 462 393 1157	
b.								E. State Transporter's ID	
c.								F. Transporter's Phone	
d.								G. State Facility's ID QAT000046117	
J. Additional Descriptions for Materials Listed Above PROFILE LAX N 00176 CONTAMINATED SOIL FROM SITE REMEDIATION		K. Handling Codes for Wastes Listed Above		a. 03		b.		H. Facility's Phone (800) 222-2964	
15. Special Handling Instructions and Additional Information WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT									
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.		Printed/Typed Name ROBIN OSEAS		Signature <i>[Signature]</i>		Month Day Year 11/01/88			
17. Transporter 1 Acknowledgement of Receipt of Materials		Printed/Typed Name <i>[Signature]</i>		Signature <i>[Signature]</i>		Month Day Year 11/01/88			
18. Transporter 2 Acknowledgement of Receipt of Materials		Printed/Typed Name		Signature		Month Day Year			
19. Discrepancy Indication Space <i>[Handwritten: 11/01/88]</i>									
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.		Printed/Typed Name <i>[Signature]</i>		Signature <i>[Signature]</i>		Month Day Year 11/01/88			

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802. WITHIN CALIFORNIA CALL 1-800-852-7550

[Handwritten: R 2172-10]

Instructions on the back

UNIFORM HAZARDOUS
WASTE MANIFEST

1. Generator's US EPA ID No.

Manifest
Document No.

2. Page 1
of 1

Information in the shaded areas
is not required by Federal law

3. Generator's Name and Mailing Address

ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

5. Transporter 1 Company Name

6

US EPA ID Number

7. Transporter 2 Company Name

8

US EPA ID Number

9. Designated Facility Name and Site Address

CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10

US EPA ID Number

A. State Manifest Document Number

BB048049

B. State Generator's ID

MAN036009097

C. State Transporter's ID

701700

D. Transporter's Phone

504-377151

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

CAT000040112

H. Facility's Phone

(800) 272-2964

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers

No.

Type

13. Total Quantity

14. Unit

Wt/Vol

15. Waste No.

RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (FOO1) (contaminated soil)

991

DT

44442

T

State

611/761

EPA/Other

FOO1

State

EPA/Other

State

EPA/Other

State

EPA/Other

J. Additional Descriptions for Materials Listed Above

PROFILE LAX # 65176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Heading Codes for Wastes Listed Above

a.

c.

b.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16.

GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

11/1/88

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

CHUCK CRUZON

Signature

Chuck Cruzon

Month Day Year

11/1/88

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

Discrepancy

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19

Printed/Typed Name

Steve Pickett

Signature

Steve Pickett

Month Day Year

11/3/88

88048049
IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7650

GENERATOR

TRANSPORTER

FACILITY

Please print or type. (Form designed for use on elite or dot-matrix typewriter).

UNIFORM HAZARDOUS WASTE MANIFEST		Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION 11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605			A. State Manifest Document Number 87534062		
4. Generator's Phone (818) 765-1010			B. State Generator's ID 1H1AHO36009097		
5. Transporter 1 Company Name MP Vacuum Truck Service			C. State Transporter's ID 911688		
6. US EPA ID Number K147010001012412412			D. Transporter's Phone 805-353-1151		
7. Transporter 2 Company Name			E. State Transporter's ID		
8. US EPA ID Number			F. Transporter's Phone		
9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT 35251 OLD SKYLINE DRIVE KETTLEMAN CITY, CA 93239			G. State Facility's ID CA1000646117		
10. US EPA ID Number 1GAT0000646117			H. Facility's Phone (800) 222-2964		
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers	13. Total Quantity	14. Unit	L. Waste No.
a. RQ, HAZARDOUS WASTE SOLID, H.O.S., ORM-E NA 9189 (F001) (contaminated soil)		No. 0101 Type DIT	010021	T	State 611/751 EPA/Other F001
b.					State EPA/Other
c.					State EPA/Other
d.					State EPA/Other
J. Additional Descriptions for Materials Listed Above PROFILE LAX H 65176 CONTAMINATED SOIL FROM SITE REMEDIATION		K. Handling Codes for Wastes Listed Above a. 03 b. c. d.			
15. Special Handling Instructions and Additional Information WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.					
Printed/Typed Name ROBIN OSEAS		Signature <i>Robin Oseas</i>		Month Day Year 11/09/88	
17. Transporter 1 Acknowledgement of Receipt of Materials					
Printed/Typed Name MP Vacuum Don Parker		Signature <i>Don Parker</i>		Month Day Year 11/16/88	
18. Transporter 2 Acknowledgement of Receipt of Materials					
Printed/Typed Name		Signature		Month Day Year	
19. Discrepancy Indication Space 210/1 Invalid Manifest Number					
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.					
Printed/Typed Name Steve Rickert		Signature <i>Steve Rickert</i>		Month Day Year 11/09/88	

3381-05

UNIFORM HAZARDOUS WASTE MANIFEST		Generator's US EPA ID No.	Manifest Document No.	Page 1 of 1	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION 11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605			A. State Manifest Document Number 87534111		
4. Generator's Phone (818) 765-1010			B. State Generator's ID HAHQ36009097		
5. Transporter 1 Company Name BAREFIELD TRUCKING			C. State Transporter's ID 903755		
6. US EPA ID Number CA0981574346			D. Transporter's Phone 805-3236707		
7. Transporter 2 Company Name			E. State Transporter's ID		
8. US EPA ID Number			F. Transporter's Phone		
9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT 35251 OLD SKYLINE DRIVE KETTLEMAN CITY, CA 93239			G. State Facility's ID CAT000646117		
10. US EPA ID Number CAT000646117			H. Facility's Phone (800) 222-2964		
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No. Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (FO01) (contaminated soil)		0101 DIT2	2	1/2	State 611/761 EPA/Other FO01
b.					State EPA/Other
c.					State EPA/Other
d.					State EPA/Other
J. Additional Descriptions for Materials Listed Above PROFILE LAX H 65176 CONTAMINATED SOIL FROM SITE REMEDIATION			K. Handling Codes for Wastes Listed Above a. 03 b. c. d.		
15. Special Handling Instructions and Additional Information WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT					
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Printed/Typed Name ROBIN OSEAS		Signature <i>Robin Oseas</i>		Month Day Year 1/10/68	
17. Transporter 1 Acknowledgement of Receipt of Materials					
Printed/Typed Name JEFFY BAREFIELD		Signature <i>Jeffy Barefield</i>		Month Day Year 1/10/68	
18. Transporter 2 Acknowledgement of Receipt of Materials					
Printed/Typed Name		Signature		Month Day Year	
19. Discrepancy Indication Space Invalid Manifest Number					
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.					
Printed/Typed Name Steve Pickwell		Signature <i>Steve Pickwell</i>		Month Day Year 1/10/68	

UNIFORM HAZARDOUS WASTE MANIFEST		Generator's US EPA ID No. C1A D008325334		Manifest Document No. 01010918		Page 1 of 1		Information in the shaded areas is not required by Federal law.							
3. Generator's Name and Mailing Address ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION 11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605						A. State Manifest Document Number 87534110									
4. Generator's Phone (818) 765-1010						B. State Generator's ID H1A H1Q1316101910971									
5. Transporter 1 Company Name Frank Bishop Trucking						C. State Transporter's ID 909654									
6. US EPA ID Number C1A D008325334						D. Transporter's Phone 805 466-3400									
7. Transporter 2 Company Name						E. State Transporter's ID									
8. US EPA ID Number						F. Transporter's Phone									
9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT 35251 OLD SKYLINE DRIVE KETTLEMAN CITY, CA 93239						G. State Facility's ID C1A T01010161416111171									
10. US EPA ID Number C1A T0006461117						H. Facility's Phone (800) 222-2964									
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers		13. Total Quantity		14. Unit		15. Waste No.			
a. RQ,HAZARDOUS WASTE SOLID, N.O.S.,ORM-E NA 9189 (F001) (contaminated soil)						No.		Type		Quantity		Unit			
						991		DT		100125		T		State 611/751 EPA/Other F001	
														State	
														EPA/Other	
														State	
J. Additional Descriptions for Materials Listed Above						K. Handling Codes for Wastes Listed Above									
PROFILE LAX H 05176 CONTAMINATED SOIL FROM SITE REMEDIATION						a. 03				b.					
						c.				d.					
15. Special Handling Instructions and Additional Information WX WEAR APPROPRIATE PERSONAL PROTECTEDIVE EQUIPMENT															
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Printed/Typed Name ROBIN OSEAS						Signature <i>Robin Oseas</i>						Month Day Year 11/09/18			
17. Transporter 1 Acknowledgement of Receipt of Materials															
Printed/Typed Name Frank Bishop						Signature <i>Frank Bishop</i>						Month Day Year 11/09/18			
18. Transporter 2 Acknowledgement of Receipt of Materials															
Printed/Typed Name						Signature						Month Day Year			
19. Discrepancy Indication Space															
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.															
Printed/Typed Name Steve Pichard						Signature <i>Steve Pichard</i>						Month Day Year 11/09/18			

R-3381-08

Please print or type. (Form designed for use on elite or pica typewriter)

**UNIFORM HAZARDOUS
WASTE MANIFEST**

Generator's US EPA ID No.

Manifest Document No.

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address

ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

5. Transporter 1 Company Name

P.P. Environmental Services, Inc.

6. US EPA ID Number

CA1010101813121513131400000015

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number

CA10101010161416110017

A. State Manifest Document Number

87534109

B. State Generator's ID

HA1H10131610191019171

C. State Transporter's ID

971678

D. Transporter's Phone

805 3931151

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

CA10101010161416111171

H. Facility's Phone

(800) 222-2964

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

a. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (FOO1)(CONTAMINATED SOIL)

12. Containers

No. Type

9919T

13. Total Quantity

0102212

14. Unit

WT/Vol

T

15. Waste No.

State 611/751

EPA/Other F001

J. Additional Descriptions for Materials Listed Above

PROEILE LAX H 65176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a. 03

c.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

11/10/87

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

MP/William Don Paxton

Signature

Don Paxton

Month Day Year

11/10/87

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

17) 12/14/87 11/10/87

18) Received 20.24 tons. notified generator Robin Oseas 10-10-87

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

Printed/Typed Name

STEVE BULLARD

Signature

Steve Bullard

Month Day Year

11/10/87

Please print or type. (Form designed for use on elite dot matrix typewriter).

UNIFORM HAZARDOUS WASTE MANIFEST		Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION 11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605		6. US EPA ID Number C1A1D0008325884		A. State Manifest Document Number 87534078	
4. Generator's Phone (818) 765-1010		8. US EPA ID Number		B. State Generator's ID	
5. Transporter 1 Company Name D.P. Environmental Service		10. US EPA ID Number K1A1T000646117		C. State Transporter's ID 902947	
7. Transporter 2 Company Name		12. Containers		D. Transporter's Phone 805 797-1151	
9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT 35251 OLD SKYLINE DRIVE KETTLEMAN CITY, CA 93239		13. Total Quantity		E. State Transporter's ID	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) a. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)		14. Unit Wt./Vol.		F. Transporter's Phone	
b.		15. Waste No.		G. State Facility's ID	
c.		16. EPA/Other		H. Facility's Phone	
d.		17. State		I. Waste No.	
J. Additional Descriptions for Materials Listed Above PROFILE LAX H 68176 CONTAMINATED SOIL FROM SITE REMEDIATION		K. Handling Codes for Wastes Listed Above		18. EPA/Other	
15. Special Handling Instructions and Additional Information WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT		19. Discrepancy Indication Space		20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.	
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford		Printed/Typed Name ROBIN OSEAS		Signature Robin Oseas	
17. Transporter 1 Acknowledgement of Receipt of Materials		Printed/Typed Name DARRELL HAGAR		Signature Darrell Hagar	
18. Transporter 2 Acknowledgement of Receipt of Materials		Printed/Typed Name		Signature	
19. Discrepancy Indication Space		Printed/Typed Name		Signature	
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.		Printed/Typed Name STEVE BLANK		Signature Steve Blank	

UNIFORM HAZARDOUS WASTE MANIFEST		Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION 11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605		6. US EPA ID Number 01A1D101018131215131314		A. State Manifest Document Number 87534076	
4. Generator's Phone (818) 765-1010		8. US EPA ID Number		B. State Generator's ID H1A1H1013161010191019171	
5. Transporter 1 Company Name Superior Truck Service		7. Transporter 2 Company Name		C. State Transporter's ID 907680	
9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT 35251 OLD SKYLINE DRIVE KETTLEMAN CITY, CA 93239		10. US EPA ID Number 01A1T101010161416111117		D. Transporter's Phone 805-597-1151	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers		13. Total Quantity	
a. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)		No. 0101 Type 9T		14. Unit Wt/Vol 213 T	
b.				1. Waste No. State 611/751 EPA/Other F001	
c.				State EPA/Other	
d.				State EPA/Other	
J. Additional Descriptions for Materials Listed Above PROFILE LAX H 65176 CONTAMINATED SOIL DUE TO SITE REMEDIATION		K. Handling Codes for Wastes Listed Above a. 03 b. c. d.			
15. Special Handling Instructions and Additional Information WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT					
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Printed/Typed Name ROBIN OSEAS		Signature <i>Robin Oseas</i>		Month Day Year 11/01/1988	
17. Transporter 1 Acknowledgement of Receipt of Materials		Signature <i>[Signature]</i>		Month Day Year 11/01/1988	
18. Transporter 2 Acknowledgement of Receipt of Materials		Signature <i>[Signature]</i>		Month Day Year 11/01/1988	
19. Discrepancy Indication Space no data d m p s					
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.					
Printed/Typed Name STEVE BROWN		Signature <i>Steve Brown</i>		Month Day Year 11/01/1988	

Print or type (Form designed for use on elite or other high speed typewriter)

UNIFORM HAZARDOUS WASTE MANIFEST

Generator's US EPA ID No.

Manifest Document No.

Page 1 of 1

Information in the shaded areas is not required by Federal law.

1. Generator's Name and Mailing Address

ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

5. Transporter 1 Company Name

MPV Truck Service

6. US EPA ID Number

K1A7000062112117

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number

IC1A1T000646117

A. State Manifest Document Number

87534075

B. State Generator's ID

HAHQ38009097

C. State Transporter's ID

903604

D. Transporter's Phone

805 393-1151

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

CA1000646117

H. Facility's Phone

(800) 222-2964

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

a. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (F001) (contaminated soil)

12. Containers

No. Type

0101 DIT

13. Total Quantity

24

14. Unit

Wt/Vol

T

15. Waste No.

State 611/761

EPA/Other F001

J. Additional Descriptions for Materials Listed Above

PROFILE LAX H 65176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a. 03

c.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

1/10/1998

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Danny B Simpson

Signature

Danny B Simpson

Month Day Year

1/10/1998

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

Steve Pickard

Signature

Steve Pickard

Month Day Year

1/10/1998

UNIFORM HAZARDOUS WASTE MANIFEST		Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION 11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605		C1A1D1010B3P5R8A		A. State Manifest Document Number: 87534069	
4. Generator's Phone (818) 765-1010		6. US EPA ID Number		B. State Generator's ID HAN0360000097	
5. Transporter 1 Company Name Mr. Vacuum Truck Service		7. Transporter 2 Company Name		C. State Transporter's ID 903700	
8. US EPA ID Number		9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT 35251 OLD SKYLINE DRIVE KETTLEMAN CITY, CA 93239		D. Transporter's Phone 805-393-1151	
10. US EPA ID Number		11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (FO01) (contaminated soil)		E. State Transporter's ID	
12. Containers No. Type		13. Total Quantity		F. Transporter's Phone	
0101 DITOPR24 T		14. Unit Wt/Vol		G. State Facility's ID 0010000644117	
15. Additional Descriptions for Materials Listed Above PROFILE LAX H 65276 CONTAMINATED SOIL FROM SITE REMEDIATION		16. Handling Codes for Wastes Listed Above a. 03		H. Facility's Phone (800) 222-2964	
17. Special Handling Instructions and Additional Information WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT		18. Generator's Certification: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.		I. Waste No. State 611/761 EPA/Other FO01	
19. Printed/Typed Name ROBIN OSEAS		Signature Robin Oseas		Month Day Year 1/6/88	
20. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name Don Marshall		Signature Don Marshall		Month Day Year 1/6/88	
21. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name		Signature		Month Day Year	
22. Discrepancy Indication Space Invalid manifest number		23. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19. Printed/Typed Name Steve Pickel		Signature Steve Pickel	
				Month Day Year 1/10/88	

UNIFORM HAZARDOUS WASTE MANIFEST		Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION 11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605			A. State Manifest Document Number 87534068		
4. Generator's Phone (818) 765-1010			B. State Generator's ID H A H 0 3 6 0 0 9 0 9 7		
5. Transporter 1 Company Name MT Vacuum Truck Service			C. State Transporter's ID 903667		
6. Transporter 1 US EPA ID Number CA 1010101612141217			D. Transporter's Phone 805 393 1151		
7. Transporter 2 Company Name			E. State Transporter's ID		
8. Transporter 2 US EPA ID Number			F. Transporter's Phone		
9. Designated Facility Name and Site Address Chemical Waste Management 35251 Old Skyline Drive Kettleman City, CA 93239			G. State Facility's ID CA 1010101612141217		
10. Designated Facility US EPA ID Number CA 1010101612141217			H. Facility's Phone (800) 222-2964		
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)			12. Containers No. Type	13. Total Quantity	14. Unit Wt/Vol
a. RO, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)			01011 01T	add215	T
b.					
c.					
d.					
J. Additional Descriptions for Materials Listed Above PROFILE LAX H 65176 CONTAMINATED SOIL FROM SITE REMEDIATION			K. Handling Codes for Wastes Listed Above a. 03 b. c. d.		
15. Special Handling Instructions and Additional Information WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.					
Printed/Typed Name ROBIN OSEAS			Signature <i>Robin Oseas</i>		Month Day Year 11/01/91
17. Transporter 1 Acknowledgement of Receipt of Materials					
Printed/Typed Name Robert Costa			Signature <i>Robert Costa</i>		Month Day Year 11/01/91
18. Transporter 2 Acknowledgement of Receipt of Materials					
Printed/Typed Name			Signature		Month Day Year
19. Discrepancy Indication Space Discrepancy Indication					
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.					
Printed/Typed Name Steve Pickens			Signature <i>Steve Pickens</i>		Month Day Year 11/01/91

Please print or type (Form designed for use on elite or other high typewriter)

UNIFORM HAZARDOUS WASTE MANIFEST		Generator's US EPA ID No. CIAID008326884		Manifest Document No. 010101715	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION 11600 SHERMAN WYA, N. HOLLYWOOD, CA 91605					A. State Manifest Document Number 87534067		
4. Generator's Phone (818) 765-1010					B. State Generator's ID H H H 3 6 0 0 9 0 9 7		
5. Transporter 1 Company Name BAKEFIELD TRUCKING					C. State Transporter's ID 903455		
6. US EPA ID Number CAD981524346					D. Transporter's Phone 805 9236904		
7. Transporter 2 Company Name					E. State Transporter's ID		
8. US EPA ID Number					F. Transporter's Phone		
9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT 35251 OLD SKYLINE DRIVE KETTLEMAN CITY, CA 93239					G. State Facility's ID CIAIT0000646117		
10. US EPA ID Number CIAIT0000646117					H. Facility's Phone (800) 222-2964		
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)				12. Containers No. Type	13. Total Quantity	14. Unit Wt/Vol	15. Waste No.
a. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)				901 D T ODDRH			State 611/751 EPA/Other F001
b.							State EPA/Other
c.							State EPA/Other
d.							State EPA/Other
J. Additional Descriptions for Materials Listed Above PROFILE LAX H 68176 CONTAMINATED SOIL FROM SITE REMEDIATION					K. Handling Codes for Wastes Listed Above a. 03 b. c. d.		
15. Special Handling Instructions and Additional Information WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT							
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.							
Printed/Typed Name ROBIN OSEAS				Signature <i>Robin Oseas</i>		Month Day Year 11/01/88	
17. Transporter 1 Acknowledgement of Receipt of Materials							
Printed/Typed Name JERRY BAKEFIELD				Signature <i>Jerry Bakefield</i>		Month Day Year 11/01/88	
18. Transporter 2 Acknowledgement of Receipt of Materials							
Printed/Typed Name				Signature		Month Day Year	
19. Discrepancy Indication Space Material not listed							
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.							
Printed/Typed Name Steve Pickell				Signature <i>St Pickell</i>		Month Day Year 11/01/88	

print or type. (Form designed for use on elite (pica) typewriter).

GENERATOR

RECEIVED

FACULTY

UNIFORM HAZARDOUS WASTE MANIFEST		Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION 11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605		C A D D D B 8 2 5 1 1 4		A. State Manifest Document Number 87534074	
4. Generator's Phone (818) 765-1010		6. US EPA ID Number		B. State Generator's ID	
5. Transporter 1 Company Name MAYAC TRUCK CO.		8. US EPA ID Number		C. State Transporter's ID	
7. Transporter 2 Company Name		10. US EPA ID Number		D. Transporter's Phone	
9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT 35251 OLD SKYLINE DRIVE KETTLEMAN CITY, CA 93239		12. Containers		E. State Transporter's ID	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		13. Total Quantity		F. Transporter's Phone	
a. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (FOO1) (contaminated soil)		No. Type		G. State Facility's ID	
b.		0 0 1 0 T		H. Facility's Phone	
c.				I. Waste No.	
d.				State EPA/Other	
J. Additional Descriptions for Materials Listed Above		K. Handling Codes for Wastes Listed Above		State EPA/Other	
PROFILE LAX H 65176		a.		State EPA/Other	
CONTAMINATED SOIL FROM SITE REMEDIATION		b.		State EPA/Other	
15. Special Handling Instructions and Additional Information		c.		State EPA/Other	
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT		d.		State EPA/Other	
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.					
Printed/Typed Name		Signature		Month Day Year	
ROBIN OSEAS		Robin Oseas		11/06/87	
17. Transporter 1 Acknowledgement of Receipt of Materials		Signature		Month Day Year	
Printed/Typed Name		Signature		Month Day Year	
W.C. McKenzie		W.C. McKenzie		11/10/87	
18. Transporter 2 Acknowledgement of Receipt of Materials		Signature		Month Day Year	
Printed/Typed Name		Signature		Month Day Year	
19. Discrepancy Indication Space		Signature		Month Day Year	
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.		Signature		Month Day Year	
Printed/Typed Name		Signature		Month Day Year	
STEVE BAKER		Steve Baker		11/10/87	

875332-12

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7650

Print or type. (Form designed for use on elite pitch typewriter)

FACILITY

UNIFORM HAZARDOUS WASTE MANIFEST

Generator's US EPA ID No.

Manifest Document No.

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address

ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818)

765-1010

5. Transporter 1 Company Name

M P Vac Truck Co

6. US EPA ID Number

EPP000642247

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number

CAT000646117

A. State Manifest Document Number

87534071

B. State Generator's ID

HAHQ36999997

C. State Transporter's ID

903674

D. Transporter's Phone (905) 333-1131

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

CAT000646117

H. Facility's Phone

(800) 222-2964

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (F001) (contaminated soil)

12. Containers

No. Type

0,0,1 D,T

13. Total Quantity

Unit

0102416 T

14. Unit

Wt/Vol

T

15. Waste No.

State

611/751

EPA/Other

F001

State

EPA/Other

State

EPA/Other

State

EPA/Other

State

EPA/Other

State

EPA/Other

J. Additional Descriptions for Materials Listed Above

PROFILE LAX H 65176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a. C3

b.

c.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

11/10/1988

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

GROVER CHEATWOOD

Signature

Grover Cheatwood

Month Day Year

11/10/1988

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

Printed/Typed Name

51001

Signature

51001

Month Day Year

11/10/1988

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

51001

Signature

51001

Month Day Year

11/10/1988

FACILITY

**UNIFORM HAZARDOUS
WASTE MANIFEST**

Generator's US EPA ID No.

Manifest
Document No.

Page 1

Information in the shaded areas
is not required by Federal law

5. Generator's Name and Mailing Address

**ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605**

4. Generator's Phone

818 765-1010

5. Transporter 1 Company Name

6. US EPA ID Number

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

**CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239**

10. US EPA ID Number

A. State Manifest Document Number

88048048

B. State Generator's ID

C. State Transporter's ID

D. Transporter's Phone

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

H. Facility's Phone

(800) 212-2964

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

**RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (FOO1) (contaminated soil)**

12. Containers	13. Quantity	Unit	Wt/Vol	Waste No.
No.	Type			
a.	001	DT	400L/1	T
b.				
c.				
d.				

J. Additional Descriptions for Materials Listed Above

PROFILE LAX N 65176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a.	b.
03	
c.	d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name **ROBIN OSEAS** Signature *Robin Oseas* Month Day Year **1/12/12**

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name **W.C. McKEON** Signature *W.C. McKeon* Month Day Year **1/10/13**

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name Signature Month Day Year

19. Discrepancy Indication Space
13) Received 25 TO 6005
14) signed

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.
Printed/Typed Name **Steve Pickell** Signature *Steve Pickell* Month Day Year **1/10/13**

88048048
IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7650

Instructions on the Back

UNIFORM HAZARDOUS
WASTE MANIFEST

1. Generator's US EPA ID No.

CAD0008325334

Manifest
Document No.

2. Page 1

Information in the shaded areas
is not required by Federal law

3. Generator's Name and Mailing Address

ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

5. Transporter 1 Company Name

6. US EPA ID Number

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number

CAT000646117

A. State Manifest Document Number

88048047

B. State Generator's ID

MAN036009097

C. State Transporter's ID

D. Transporter's Phone 805-353-1157

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

CAT000646117

H. Facility's Phone

(800) 222-2964

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers

No. Type

13. Total Quantity

14. Unit

Wt/Vol

15. Waste No.

a. RQ, HAZARDOUS WASTE SOLID, H.O.S., ORM-E
NA 9189 (FOO1) (contaminated soil)

0 0 1 D T

400 4 1/2

T

State
611/751

EPA/Other
FOO1

b.

c.

d.

J. Additional Descriptions for Materials Listed Above

PROFILE LAX H-60178

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a. Q3

b.

c.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16.

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Printed/Typed Name

ROBIN OSEAS

Signature

[Signature]

Month Day Year

1/15/88

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Doby Hagar

Signature

[Signature]

Month Day Year

1/15/88

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

11/1/88

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

Printed/Typed Name

Steve Pickard

Signature

[Signature]

Month Day Year

1/10/88

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7650

88048047

GENERATOR

TRANSPORTER

FACILITY

Please print or type. (Form designed for use on elite (44) typewriter).

Instructions on the Back

**UNIFORM HAZARDOUS
WASTE MANIFEST**

1. Generator's US EPA ID No.

Manifest
Document No.

Page 1
of 1

Information in the shaded areas
is not required by Federal law.

3. Generator's Name and Mailing Address

**ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605**

4. Generator's Phone (818) 765-1010

5. Transporter 1 Company Name

6. US EPA ID Number

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

**CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239**

10. US EPA ID Number

A. State Manifest Document Number

88048038

B. State Generator's ID

HAHQ26009092

C. State Transporter's ID

D. Transporter's Phone

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

CAT000046117

H. Facility's Phone

(800) 222-2984

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

**RG, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (FOO1) (contaminated soil)**

12. Containers
No. Type

13. Total
Quantity

14. Unit
Wt/Vol

1. Waste No.

9914T

14

T

State
611/751
EPA/Other
FOO1

J. Additional Descriptions for Materials Listed Above

PROFILE LAX H 65176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a. **03**

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16.

GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name

ROBIN OSEAS

Signature

Month Day Year

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Tim Butler

Signature

Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

Steve Wilson

Signature

Month Day Year

88048038

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

GENERATOR

TRANSPORTER

FACILITY

Please print or type. (Form designed for use on elite or dot-matrix typewriter).

Instructions on the back

88048031
IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. CAD0008925334		Manifest Document No. 1		2. Page 1 of 1		Information in the shaded areas is not required by Federal law									
3. Generator's Name and Mailing Address ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION 11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605						A. State Manifest Document Number 88048037											
4. Generator's Phone (818 765-1010)						B. State Generator's ID HANQ96009097											
5. Transporter 1 Company Name V. K. ...						C. State Transporter's ID 70566E											
6. US EPA ID Number						D. Transporter's Phone 805-275-1187											
7. Transporter 2 Company Name						E. State Transporter's ID											
8. US EPA ID Number						F. Transporter's Phone											
9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT 35251 OLD SKYLINE DRIVE KETTLEMAN CITY, CA 93239						G. State Facility's ID CAT000646117											
10. US EPA ID Number CAT000646117						H. Facility's Phone (800) 222-2964											
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers No. Type		13. Total Quantity		14. Unit Wt/Vol		15. Waste No.					
a. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORANGE NA 9189 (FOO1) (contaminated soil)						1		1		1		State 611/751 EPA/Other FOO1					
b.												State EPA/Other					
c.												State EPA/Other					
d.												State EPA/Other					
J. Additional Descriptions for Materials Listed Above PROFILE LAX H 65176 CONTAMINATED SOIL FROM SITE REMEDIATION						K. Handling Codes for Wastes Listed Above a. C3 b. c. d.											
15. Special Handling Instructions and Additional Information WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT																	
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.																	
Printed/Typed Name ROBIN OSEAS						Signature				Month Day Year							
17. Transporter 1 Acknowledgement of Receipt of Materials						Printed/Typed Name				Signature				Month Day Year			
18. Transporter 2 Acknowledgement of Receipt of Materials						Printed/Typed Name				Signature				Month Day Year			
19. Discrepancy Indication Space																	
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. Printed/Typed Name STH ... Signature ... Month Day Year ...																	

**UNIFORM HAZARDOUS
WASTE MANIFEST**

1. Generator's US EPA ID No.

Manifest
Document No.

2. Page 1
of 1

Information in the shaded areas
is not required by Federal law.

3. Generator's Name and Mailing Address

**ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605**

4. Generator's Phone (818) 765-1010

5. Transporter 1 Company Name

6. US EPA ID Number

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

10. US EPA ID Number

**CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239**

CAT000646117

G. State Facility's ID

CAT000646117

H. Facility's Phone

(800) 222-2964

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers
No. Type

13. Total
Quantity

14. Unit
Wt/Vol

I. Waste No.

a. **RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (F001) (contaminated soil)**

01012

DIT

9440511

T

State **611/751**
EPA/Other **F001**

b.

c.

d.

J. Additional Descriptions for Materials Listed Above

PROFILE LAX #06176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a. **03**

c.

b.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16.

GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

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Printed/Typed Name

ROBIN OSEAS

Signature

Month Day Year

11/10/88

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

W. McKenzie

Signature

Month Day Year

11/01/88

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19

Printed/Typed Name

Steve Pickard

Signature

St Pickard

Month Day Year

10/12/88

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL TOXIC CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

Instructions on the Back

UNIFORM HAZARDOUS
 WASTE MANIFEST

1. Generator's US EPA ID No.

CAD0008325334

Manifest
 Document No.

Page 1
 of 1

Information in the shaded areas
 is not required by Federal law.

5. Generator's Name and Mailing Address

ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
 11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number

88048035

B. State Generator's ID

HAHQ36009097

5. Transporter 1 Company Name

6

US EPA ID Number

7. Transporter 2 Company Name

8

US EPA ID Number

9. Designated Facility Name and Site Address

CHEMICAL WASTE MANAGEMENT
 35251 OLD SKYLINE DRIVE
 KETTLEMAN CITY, CA 93239

10

US EPA ID Number

G. State Facility's ID

CAT000646117

H. Facility's Phone

(800) 222-2964

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

a. RQ, HAZARDOUS WASTE SOLID, H.O.S., ORM-E
 NA 9189 (F001) (contaminated soil)

12. Containers
 No. Type

002 BT

13. Total
 Quantity

14. Unit
 Wt/Vol

L
 Waste No.

State
 611/781

EPA/Other
 F001

State

EPA/Other

State

EPA/Other

State

EPA/Other

J. Additional Descriptions for Materials Listed Above

PROFILE LAX N 08176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a. 03

c.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16.

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Printed/Typed Name

ROBIN OSEAS

Signature

Month Day Year

11/1/88

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

Printed/Typed Name

Signature

Month Day Year

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

Printed/Typed Name

Signature

Month Day Year

10/12/88

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPON... CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

88048035

UNIFORM HAZARDOUS
WASTE MANIFEST

1 Generator's US EPA ID No
Manifest Document No.

Page 1
of 1
Information in the shaded areas
is not required by Federal law.

3 Generator's Name and Mailing Address

A. State Manifest Document Number

ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

88048034

4 Generator's Phone () 818 765-1010

B. State Generator's ID

5 Transporter 1 Company Name

C. State Transporter's ID

7 Transporter 2 Company Name

D. Transporter's Phone

9 Designated Facility Name and Site Address

E. State Transporter's ID

CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

F. Transporter's Phone

G. State Facility's ID

H. Facility's Phone

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers
No. Type
13. Total Quantity
14. Unit
Wt/Vol
15. Waste No.

a. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (F001) (contaminated soil)

99197
T
State 611/781
EPA/Other F001

b.

State
EPA/Other

c.

State
EPA/Other

d.

State
EPA/Other

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

PROFILE LAX N 68176

a. 03

CONTAMINATED SOIL FROM SITE REMEDIATION

c.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

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Printed/Typed Name ROBIN OSEAS Signature Month Day Year 11/12/88

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name Signature Month Day Year 11/12/88

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name Signature Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 18.

Printed/Typed Name Signature Month Day Year 11/12/88

IN CASE OF AN EMERGENCY OR SPILL, CALL T.S. NATIONAL RE CENTER 1-800-424-8802, WITHIN CALIFORNIA CALL 1-800-852-7550

GENERATOR

TRANSPORTER

FACILITY

88048033

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

GENERATOR

TRANSPORTER

FACILITY

1. UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. CAD008325334		Manifest Document No. 17177		Page 1 of 1		Information in the shaded areas is not required by Federal law					
3. Generator's Name and Mailing Address ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION 11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605						A. State Manifest Document Number 88048033							
4. Generator's Phone (818) 765-1010						B. State Generator's ID HANQ36009097							
5. Transporter 1 Company Name FRANK BISHOP TRUCKING						C. State Transporter's ID 709654							
6. US EPA ID Number 9981428626						D. Transporter's Phone (818) 446-3990							
7. Transporter 2 Company Name						E. State Transporter's ID							
8. US EPA ID Number						F. Transporter's Phone							
9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT 35251 OLD SKYLINE DRIVE KETTLEMAN CITY, CA 93239						G. State Facility's ID CAT000646117							
10. US EPA ID Number CAT000646117						H. Facility's Phone (800) 222-2964							
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers No. Type		13. Total Quantity		14. Unit Wt/Vol		15. Waste No.	
a. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORN-E NA 9189 (FOO1) (contaminated soil)						0,01 DT		00242		T		State 611/751 EPA/Other FOO	
b.												State EPA/Other	
c.												State EPA/Other	
d.												State EPA/Other	
J. Additional Descriptions for Materials Listed Above PROFILE LAX # 05176 CONTAMINATED SOIL FROM SITE REMEDIATION						K. Handling Codes for Wastes Listed Above a. 03 b. c. d.							
15. Special Handling Instructions and Additional Information WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT													
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17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name FRANK BISHOP Signature <i>Frank Bishop</i> Month Day Year 11/12/88													
18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name Signature Month Day Year													
19. Discrepancy Indication Space													
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. Printed/Typed Name Steve Pichler Signature <i>Steve Pichler</i> Month Day Year 11/12/88													

Please print or type. (Form designed for use on elite or dot matrix typewriter).

Instructions on the back

88048032
IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. CA D 0 0 8 3 2 5 3 3 4		Manifest Document No. 12/1/87		Page 1 of 1		Information in the shaded areas is not required by Federal law									
3. Generator's Name and Mailing Address ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION 11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605 918 765-1010						A. State Manifest Document Number 88048032											
4. Generator's Phone						B. State Generator's ID											
5. Transporter 1 Company Name						C. State Transporter's ID											
7. Transporter 2 Company Name						D. Transporter's Phone 805-322-1151											
6. US EPA ID Number						E. State Transporter's ID											
8. US EPA ID Number						F. Transporter's Phone											
9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT 35251 OLD SKYLINE DRIVE KETTERMAN CITY, CA 93230						G. State Facility's ID CA T 0 0 0 6 4 6 1 1 7											
10. US EPA ID Number						H. Facility's Phone (800) 822-2962											
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers		13. Total Quantity		14. Unit Wt/Vol		15. Waste No.					
a. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORN-E NA 9189 (F001) (contaminated soil)						0, 0, 2 D T		600 LBS		T		State 811/751 EPA/Other F001					
b.												State EPA/Other					
c.												State EPA/Other					
d.												State EPA/Other					
J. Additional Descriptions for Materials Listed Above PROFILE LAX N 66176 CONTAMINATED SOIL FROM SITE REMEDIATION						K. Handling Codes for Wastes Listed Above a. 03 b. c. d.											
15. Special Handling Instructions and Additional Information WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT																	
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Printed/Typed Name BORIN OSEAS						Signature <i>[Signature]</i>				Month Day Year 11/1/87							
17. Transporter 1 Acknowledgement of Receipt of Materials						Printed/Typed Name Chuck (10224)				Signature <i>[Signature]</i>				Month Day Year 11/1/87			
18. Transporter 2 Acknowledgement of Receipt of Materials						Printed/Typed Name				Signature				Month Day Year			
19. Discrepancy Indication Space																	
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19. Printed/Typed Name Steve Pichul																	
Signature <i>[Signature]</i>						Month Day Year 1/0/88											

Instructions on the Back

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL R. E. CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

GENERATOR

TRANSPORTER

FACILITY

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. C A D 0 0 8 3 2 8 3 3 4	Manifest Document No. 10111	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION 11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605				A. State Manifest Document Number 88048031	
4. Generator's Phone (818) 765-1010				B. State Generator's ID H 1 1 2 3 6 0 0 2 0 9 7	
5. Transporter 1 Company Name The Union Transfer		6. US EPA ID Number K 1 1 7 1 0 1 0 1 2 1 2 4 2		C. State Transporter's ID 702047	
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone (805) 303-1157	
9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT 35251 OLD SKYLINE DRIVE KETTLEMAN CITY, CA 93239		10. US EPA ID Number C A T 0 0 0 6 4 6 1 1 7		E. State Transporter's ID F. Transporter's Phone G. State Facility's ID 0 A T 0 0 0 6 4 6 1 1 7 H. Facility's Phone (800) 822-2964	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)			12. Containers No. Type	13. Total Quantity	14. Unit Wt/Vol
a. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (FOO1) (contaminated soil)			9919T	44434	T
b.					
c.					
d.					
J. Additional Descriptions for Materials Listed Above PROFILE LAX H 08176 CONTAMINATED SOIL FROM SITE REMEDIATION			K. Handling Codes for Wastes Listed Above a. 03 b. 1 c. d.		
15. Special Handling Instructions and Additional Information WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.					
Printed/Typed Name ROBIN OSEAS			Signature Robin Oseas		Month Day Year 1/4/28/5
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name Doreen Macar			Signature Doreen Macar		Month Day Year 1/11/28/8
18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name			Signature		Month Day Year
19. Discrepancy Indication Space A invalid manifest number					
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. Printed/Typed Name Steve Pichler					
Signature Steve Pichler			Signature Steve Pichler		Month Day Year 1/10/28/8

2/1/51 12

Instructions on the Back

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.	Manifest Document No.	Page 1	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION 11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605		A. State Manifest Document Number 88048030		B. State Generator's ID 11111111111111111111	
4. Generator's Phone 818 765-1010		C. State Transporter's ID 11111111111111111111		D. Transporter's Phone 714 222-2964	
5. Transporter 1 Company Name		6. US EPA ID Number		E. State Transporter's ID	
7. Transporter 2 Company Name		8. US EPA ID Number		F. Transporter's Phone	
9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT 35251 OLD SKYLINE DRIVE KETTLEMAN CITY, CA 93239		10. US EPA ID Number 11111111111111111111		G. State Facility's ID 11111111111111111111	
H. Facility's Phone (800) 222-2964		11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No. Type	13. Total Quantity
a. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORN-E NA 9189 (FOO1) (contaminated soil)		b. 9919T		c. 12021315	
b.				T	
c.					
d.					
J. Additional Descriptions for Materials Listed Above PROFILE LAX N 65176 CONTAMINATED SOIL FROM SITE REMEDIATION		K. Handling Codes for Wastes Listed Above a. 03		b.	
15. Special Handling Instructions and Additional Information WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT		c.		d.	
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.					
Printed/Typed Name ROBIN OSEAS		Signature <i>Robin Oseas</i>		Month Day Year 11/11/88	
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name <i>Robert W. L. N.</i>		Signature <i>Robert W. L. N.</i>		Month Day Year 11/11/88	
18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name		Signature		Month Day Year	
19. Discrepancy Indication Space					
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19. Printed/Typed Name <i>Stella B. L. N.</i>					
Signature <i>Stella B. L. N.</i>		Month Day Year 11/11/88			

88048029
IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802. WITHIN CALIFORNIA CALL 1-800-862-7550

UNIFORM HAZARDOUS WASTE MANIFEST		Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of 1	Information in the shaded areas is not required by Federal law
3. Generator's Name and Mailing Address ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION 11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605		C A D G Q 8 3 2 5 3 3 4		A. State Manifest Document Number 88048029	
4. Generator's Phone (818) 765-1010				B. State Generator's ID H A M Q 3 6 0 0 9 0 9 7	
5. Transporter 1 Company Name	6. US EPA ID Number			C. State Transporter's ID	
7. Transporter 2 Company Name	8. US EPA ID Number			D. Transporter's Phone	
9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT 35251 OLD SKYLINE DRIVE KETTLERMAN CITY, CA 93239		10. US EPA ID Number I C A T 0 0 0 6 4 6 1 1 7		E. State Facility's ID C A T 0 0 0 6 4 6 1 1 7	
				F. Facility's Phone (800) 222-7064	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No. Type	13. Total Quantity	14. Unit Wt/Vol	15. Waste No.
a. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)		0 0 1 D T		T	State 611/781 EPA/Other F001
b.					State EPA/Other
c.					State EPA/Other
d.					State EPA/Other
J. Additional Descriptions for Materials Listed Above PROFILE LAX N 45176 CONTAMINATED SOIL FROM SITE REMEDIATION		K. Handling Codes for Wastes Listed Above a. 07		b.	
16. Special Handling Instructions and Additional Information WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT					
18. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford					
Printed/Typed Name ROBIN OSEAS		Signature		Month Day Year	
17. Transporter 1 Acknowledgement of Receipt of Materials					
Printed/Typed Name FRANK BISHOP		Signature		Month Day Year	
18. Transporter 2 Acknowledgement of Receipt of Materials					
Printed/Typed Name		Signature		Month Day Year	
19. Discrepancy Indication Space					
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19					
Printed/Typed Name THOMAS R. HENRY JR		Signature		Month Day Year	

**UNIFORM HAZARDOUS
WASTE MANIFEST**

1. Generator's US EPA ID No.

Manifest
Document No.

2. Page
of 1

Information in the shaded areas
is not required by Federal law.

3. Generator's Name and Mailing Address

**ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605**

4. Generator's Phone (818) 765-1010

5. Transporter 1 Company Name

6. US EPA ID Number

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

**CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239**

10. US EPA ID Number

A. State Manifest Document Number

88048027

B. State Generator's ID

HAH000000000

C. State Transporter's ID

805 100 11

D. Transporter's Phone

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

CAT000646117

H. Facility's Phone

(800) 222-2954

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers
No. Type

13. Total
Quantity

14. Unit
Wt/Vol

L
Waste No.

a. **RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (FOO1) (contaminated soil)**

0, 0, 1 D T

1 100 L T

611/751

State
611/751
EPA/Other
FOO1

b.

c.

d.

J. Additional Descriptions for Materials Listed Above

PROFILE LAX H 85176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a. **03**

b.

c.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16.

GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

11 10 1988

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

WCMCKENZIE

Signature

WCMCKENZIE

Month Day Year

11 01 1988

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

Printed/Typed Name

STEVE BOHKE

Signature

Steve Bohke

Month Day Year

11 14 88

88U48U21

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802, WITHIN CALIFORNIA CALL 1-800-852-7550

GENERATOR

TRANSPORTER

FACILITY

Instructions on the back

UNIFORM HAZARDOUS
WASTE MANIFEST

1. Generator's US EPA ID No.

Manifest
Document No.

2. Page 1
of

Information in the shaded areas
is not required by Federal law.

3. Generator's Name and Mailing Address

ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

5. Transporter 1 Company Name

6. US EPA ID Number

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

10. US EPA ID Number

CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers
No. Type

13. Total
Quantity

14. Unit
Wt/Vol

1. Waste No.

RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (F001) (contaminated soil)

0 0 1 D T

112333

T

State
EPA/Other
611/751
F001

J. Additional Descriptions for Materials Listed Above

PROFILE LAZ N 60176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a. 03

c.

b.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16.

GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

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Printed/Typed Name

ROBIN OREAS

Signature

[Signature]

Month Day Year

11/11/88

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

[Signature]

Signature

[Signature]

Month Day Year

11/11/88

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

STEVE BRECK ET

Signature

[Signature]

Month Day Year

11/11/88

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

88048026

**UNIFORM HAZARDOUS
WASTE MANIFEST**

1. Generator's US EPA ID No.

CAD0083253347103

Manifest
Document No.

2. Page 1
of 1

Information in the shaded areas
is not required by Federal law.

3. Generator's Name and Mailing Address

ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

5. Transporter 1 Company Name

6. US EPA ID Number

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number

CAT000646117

A. State Manifest Document Number

88048025

B. State Generator's ID

NA0036000097

C. State Transporter's ID

D. Transporter's Phone (800) 222-2954

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

CAT000646117

H. Facility's Phone

(800) 222-2954

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

a. RQ. HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (FO01) (contaminated soil)

12. Containers
No. Type

001

PT

13. Total
Quantity

14. Unit
Wt/Vol

15. Waste No.

State 611/751

EPA/Other FO01

J. Additional Descriptions for Materials Listed Above

PROFILE LAZ N 00176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a. 03

c.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16

GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

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Printed/Typed Name

BORTH OSEAS

Signature

[Signature]

Month Day Year

11/1/88

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19

Printed/Typed Name

Signature

Month Day Year

11/2/88

Instructions on the back

UNIFORM HAZARDOUS
WASTE MANIFEST

1. Generator's US EPA ID No.

Manifest
Document No.

Page 1
of 1

Information in the shaded areas
is not required by Federal law.

3. Generator's Name and Mailing Address

ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

A. State Manifest Document Number

88048024

B. State Generator's ID

C. State Transporter's ID

D. Transporter's Phone

E. State Transporter's ID

F. Transporter's Phone

5. Transporter 1 Company Name

218 769-1010

6. US EPA ID Number

8. US EPA ID Number

7. Transporter 2 Company Name

9. Designated Facility Name and Site Address

CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number

G. State Facility's ID

H. Facility's Phone

I. Containers

Quantity

Unit

Wt/Vol

Waste No.

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (FO01) (contaminated soil)

0 0 1 D T

0121413

T

State

611/751

FO01

State

EPA/Other

State

EPA/Other

State

EPA/Other

State

EPA/Other

J. Additional Descriptions for Materials Listed Above

PROFILE LAX H 05170

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a. 03

c.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16.

GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

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Printed/Typed Name

ROBIN DEAS

Signature

Month Day Year

11/1/1988

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Tim Butler

Signature

Tim Butler

Month Day Year

11/2/1988

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

Printed/Typed Name

Steve Pickett

Signature

St Pickett

Month Day Year

10/1/1988

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

Please print or type. (Form designed for use on elite or dot matrix typewriter).

Instructions on the back

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802, WITHIN CALIFORNIA CALL 1-800-852-7550

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. QA0000320334		Manifest Document No. 97111		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.									
3. Generator's Name and Mailing Address ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION 11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605						A. State Manifest Document Number 88048023											
4. Generator's Phone (818) 765-1010						B. State Generator's ID HA00014000007											
5. Transporter 1 Company Name IMP WASTE TRUCK CORP			6. US EPA ID Number 1617014124247			C. State Transporter's ID 983684											
7. Transporter 2 Company Name			8. US EPA ID Number			D. Transporter's Phone 605-312-1151											
9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT 35251 OLD SKYLINE DRIVE KETTLEMAN CITY, CA 93259						E. State Facility's ID QA0000040117											
10. US EPA ID Number CAT0000646117						F. Facility's Phone (800) 222-2004											
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers No. Type		13. Total Quantity		14. Unit Wt/Vol		15. Waste No.					
a. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORN-E NA 9189 (F001) (contaminated soil)						9929T44474		T		State 611/761		EPA/Other F001					
b.										State		EPA/Other					
c.										State		EPA/Other					
d.										State		EPA/Other					
J. Additional Descriptions for Materials Listed Above PROFILE LAY N 60176 CONTAMINATED SOIL FROM SITE REMEDIATION						K. Handling Codes for Wastes Listed Above a. 03 b. c. d.											
15. Special Handling Instructions and Additional Information WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT																	
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford																	
Printed/Typed Name ROBIN OSEAS						Signature <i>[Signature]</i>				Month Day Year 11/11/88							
17. Transporter 1 Acknowledgement of Receipt of Materials						Printed/Typed Name Don McNeil				Signature <i>[Signature]</i>				Month Day Year 11/11/88			
18. Transporter 2 Acknowledgement of Receipt of Materials						Printed/Typed Name				Signature				Month Day Year			
19. Discrepancy Indication Space																	
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.																	
Printed/Typed Name Steve Pickard						Signature <i>[Signature]</i>				Month Day Year 11/11/88							

**UNIFORM HAZARDOUS
WASTE MANIFEST**

1. Generator's US EPA ID No

Manifest
Document No.

2. Page 1
of

Information in the shaded areas
is not required by Federal law

3. Generator's Name and Mailing Address

**ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91608**

4. Generator's Phone

818 765-1010

5. Transporter 1 Company Name

6

US EPA ID Number

7. Transporter 2 Company Name

8

US EPA ID Number

9. Designated Facility Name and Site Address

**CHEMICAL WASTE MANAGEMENT
35251 OLDSKYLINE DRIVE
KETTLEMAN CITY, CA 93239**

10

US EPA ID Number

A. State Manifest Document Number

88048022

B. State Generator's ID

C. State Transporter's ID

D. Transporter's Phone

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

H. Facility's Phone

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers

No.

Type

13. Total
Quantity

14. Unit
Wt/Vol

1. Waste No.

a.

**RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (F001) (contaminated soil)**

01011

DIT

16.134

T

State

611/751

EPA/ORM

F001

b.

State

EPA/Other

c.

State

EPA/Other

d.

State

EPA/Other

J. Additional Descriptions for Materials Listed Above

**PROFILE LAX N 00176
CONTAMINATED SOIL FROM ISTE REMEDIATION.**

K. Handling Codes for Wastes Listed Above

a.

03

b.

c.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVEEQUIPMENT

16.

GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable International and national government regulations.

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Printed/Typed Name

ROBIN OSEAS

Signature

[Signature]

Month Day Year

11/1/88

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

DARREN HAGAR

Signature

[Signature]

Month Day Year

11/1/88

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

11/1/88

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

Printed/Typed Name

Steve Pickens

Signature

[Signature]

Month Day Year

10/1/88

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

88048022

Instructions on the back

Please print or type. (Form designed for use on all type machines)

**UNIFORM HAZARDOUS
WASTE MANIFEST**

1. Generator's US EPA ID No.

Manifest
Document No.

2. Page 1
of 1

Information in the shaded areas
is not required by Federal law.

3. Generator's Name and Mailing Address

**ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605**

4. Generator's Phone (818) 765-1010

5. Transporter 1 Company Name

6. US EPA ID Number

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

**CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239**

10. US EPA ID Number

A. State Manifest Document Number

88048021

B. State Generator's ID

HAH016000007

C. State Transporter's ID

D. Transporter's Phone

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

CAIT0000646117

H. Facility's Phone

(800) 222-2964

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers
No. Type

13. Total
Quantity

14. Unit
Wt/Vol

1. Waste No.

**RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (F001) (contaminated soil)**

001 D T

T

State **611/751**
EPA/Other **F001**

J. Additional Descriptions for Materials Listed Above

PROFILE LAX N 00174

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a. **03**

c.

b.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16.

GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

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Printed/Typed Name

RORIN OSEAS

Signature

Month Day Year

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19

Printed/Typed Name

Signature

Month Day Year

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

88048021

Please print or type. (Form designed for use on elite () () () typewriter).

Instructions on the back

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No

Manifest Document No.

2. Page 1 of

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address

**ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605**

4. Generator's Phone

818 765-1010

5. Transporter 1 Company Name

6. US EPA ID Number

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

**CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTERMAN CITY, CA 93230**

10. US EPA ID Number

A. State Manifest Document Number

88048020

B. State Generator's ID

C. State Transporter's ID

D. Transporter's Phone

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

H. Facility's Phone

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

**a. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (FOO1) (contaminated soil)**

12. Containers
No. Type

13. Quantity
Unit

14. Waste No.
State EPA/Other

J. Additional Descriptions for Materials Listed Above

PROFILE LAX H 65176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a. b.

c. d.

15. Special Handling Instructions and Additional Information

PROFILE LAX H 65176

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

CONTAMINATED SOIL FROM SITE REMEDIATION

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, If I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name

ROBIN OSEAS

Signature

Month Day Year

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

Printed/Typed Name

Signature

Month Day Year

88048020

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

GENERATOR

TRANSPORTER

FACILITY

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.	Manifest Document No.	Page 1 of	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address		6. US EPA ID Number		A. State Manifest Document Number	
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION 11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605				88048018	
4. Generator's Phone (818) 765-1010				B. State Generator's ID	
5. Transporter 1 Company Name		8. US EPA ID Number		C. State Transporter's ID	
				D. Transporter's Phone	
7. Transporter 2 Company Name		8. US EPA ID Number		E. State Transporter's ID	
				F. Transporter's Phone	
9. Designated Facility Name and Site Address		10. US EPA ID Number		G. State Facility's ID	
CHEMICAL WASTE MANAGEMENT 35251 OLD SKYLINE DRIVE KETTLEMAN CITY, CA 93230				H. Facility's Phone	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No.	Type	13. Total Quantity	Unit Wt/Vol
a. RQ, HAZARDOUS WASTE SOLID., N.O.S., ORM-E NA 9189 (F001) (contaminated soil)		001	DT	1	T
b.					
c.					
d.					
J. Additional Descriptions for Materials Listed Above		K. Handling Codes for Wastes Listed Above			
PROFILE LAX H 65176		a. 07			
CONTAMINATED SOIL FROM SITE REMEDIATION		b.			
15. Special Handling Instructions and Additional Information		c.			
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT		d.			
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Printed/Typed Name		Signature		Month Day Year	
ROBIN OSEAS				11/1/88	
17. Transporter 1 Acknowledgement of Receipt of Materials		Signature		Month Day Year	
Printed/Typed Name		Signature		Month Day Year	
AL WALKER		al walker		11/1/1988	
18. Transporter 2 Acknowledgement of Receipt of Materials		Signature		Month Day Year	
Printed/Typed Name		Signature		Month Day Year	
19. Discrepancy Indication Space					
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 18.					
Printed/Typed Name		Signature		Month Day Year	
STEVE BARNETT				11/1/88	

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802, WITHIN CALIFORNIA CALL 1-800-852-7550

GENERATOR

TRANSPORTER

FACILITY

**UNIFORM HAZARDOUS
WASTE MANIFEST**

1. Generator's US EPA ID No.

Manifest
Document No.

2. Page 1

Information in the shaded areas
is not required by Federal law.

3. Generator's Name and Mailing Address

**ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605**

4. Generator's Phone () **818 765-1010**

5. Transporter 1 Company Name

6. US EPA ID Number

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

**CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239**

10. US EPA ID Number

A. State Manifest Document Number

88048017

B. State Generator's ID

C. State Transporter's ID

D. State Transporter's Phone

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

H. Facility's Phone

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers
No. Type

13. Total
Quantity

14. Unit
Wt/Vol

15. Waste No.

a. **RO, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (F001) (contaminated soil)**

001D T

13 T

611/781

State **611/781**
EPA/Other **F001**

b.

c.

d.

J. Additional Descriptions for Materials Listed Above

PROFILE LAX H 05176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a. **03**

c.

b.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16.

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Printed/Typed Name

ROBIN OSEAS

Signature

[Signature]

Month Day Year

11/11/88

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

[Signature]

Signature

[Signature]

Month Day Year

11/11/88

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

11/11/88

19. Discrepancy Indication Space

[Signature]

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

Steve Fisher

Signature

[Signature]

Month Day Year

10/10/88

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

88048017

Please print or type (Form designed for use on elite (12) typewriter).

Instructions on the Back

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL R
E CENTER 1-800-424-8802. WITHIN CALIFORNIA CALL 1-800-852-7550

GENERATOR

TRANSPORTER

FACILITY

UNIFORM HAZARDOUS
WASTE MANIFEST

1. Generator's US EPA ID No.

Manifest
Document No.

Page 1

Information in the shaded areas
is not required by Federal law.

3. Generator's Name and Mailing Address

ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

A. State Manifest Document Number

88048018

4. Generator's Phone

818 765-1010

B. State Generator's ID

CA 7000646117

5. Transporter 1 Company Name

6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address

10. US EPA ID Number

G. State Facility's ID

CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

CA 7000646117

H. Facility's Phone

(800) 222-2954

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers

No.

Type

13. Quantity

Unit

Wt/Vol

I. Waste No.

a. 8Q, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (FOO1) (contaminated soil)

0101 DIT

T

State

611/761

EPA/Other

FOO1

b.

State

EPA/Other

c.

State

EPA/Other

d.

State

EPA/Other

J. Additional Descriptions for Materials Listed Above

PROFILE LAX N 88176
68176 CONTAMINATED SOIL FROM SITE REMEDIATION
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

K. Handling Codes for Wastes Listed Above

a. Q3

b.

c.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16.

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Printed/Typed Name

ROBIN OSEAS

Signature

Month Day Year

1/10/1988

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

1/10/1988

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

1/10/1988

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

Printed/Typed Name

Steve Pickard

Signature

St Pickard

Month Day Year

1/10/1988

**UNIFORM HAZARDOUS
WASTE MANIFEST**

1. Generator's US EPA ID No.

Manifest
Document No.

2. Page 1

Information in the shaded areas
is not required by Federal law

3. Generator's Name and Mailing Address

**ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605**

4. Generator's Phone (818) 765-1010

5. Transporter 1 Company Name

6. US EPA ID Number

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

**CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239**

10. US EPA ID Number

A. State Manifest Document Number

88048015

B. State Generator's ID

MAN016000097

C. State Transporter's ID

D. Transporter's Phone

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

000000046117

H. Facility's Phone

(800) 222-2964

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers
No. Type

13. Total
Quantity

14. Unit
Wt./Vol

L
Waste No.

a. **RQ, HAZARDOUS WASTE SOLID, N.O.S., OR01-E
NA 9189 (FO01) (contaminated soil)**

9910T

111217

T

State **611/781**
EPA/Other **FO01**

b.

c.

d.

J. Additional Descriptions for Materials Listed Above

PROFILE LAX H 66176'

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a.

03

b.

c.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16.

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Printed/Typed Name

ROBIN OSEAS

Signature

[Signature]

Month Day Year

11/14/88

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

CHUCK CRUZON

Signature

[Signature]

Month Day Year

11/14/88

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

Judy Crawford

Signature

[Signature]

Month Day Year

11/14/88

88048015
IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

GENERATOR

TRANSPORTER

FACILITY

Instructions on the Back

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. C A D 0 0 8 3 2 5 3 3 4		Manifest Document No. 12/1/88		Page 1 of 1		Information in the shaded areas is not required by Federal law									
3. Generator's Name and Mailing Address ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION 11600 SHERMAN WAY, N. HOLLYWOOD, CA 91608						A. State Manifest Document Number 88048014											
4. Generator's Phone 818 765-1010						B. State Generator's ID 1111111111111111											
5. Transporter 1 Company Name						C. State Transporter's ID 1111111111111111											
6. US EPA ID Number						D. Transporter's Phone 818 765-1010											
7. Transporter 2 Company Name						E. State Transporter's ID 1111111111111111											
8. US EPA ID Number						F. Transporter's Phone 818 765-1010											
9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT 35251 OLD SKYLINE DRIVE KETTLEMAN CITY, CA 93239						G. State Facility's ID 1111111111111111											
10. US EPA ID Number 1111111111111111						H. Facility's Phone (800) 222-2864											
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers No. Type		13. Total Quantity		14. Unit Wt/Vol		15. Waste No.					
a. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (FOO1) (contaminated soil)						0010T		T				State 611/781 EPA/Other FOO1					
b.												State EPA/Other					
c.												State EPA/Other					
d.												State EPA/Other					
J. Additional Descriptions for Materials Listed Above PROFILE LAY N GEMS CONTAMINATED SOIL FROM SITE REMEDIATION						K. Handling Codes for Wastes Listed Above a. 00 b. c. d.											
18. Special Handling Instructions and Additional Information WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT																	
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Printed/Typed Name ROBIN OSEAS						Signature <i>[Signature]</i>				Month Day Year 11/1/88							
17. Transporter 1 Acknowledgement or Receipt of Materials						Printed/Typed Name DARREN HAGAR				Signature <i>[Signature]</i>				Month Day Year 11/01/88			
18. Transporter 2 Acknowledgement or Receipt of Materials						Printed/Typed Name				Signature				Month Day Year			
19. Discrepancy Indication Space																	
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19																	
Printed/Typed Name Way Crawford						Signature <i>[Signature]</i>				Month Day Year 11/01/88							

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL FIRE CENTER 1-800-424-8802, WITHIN CALIFORNIA CALL 1-800-852-7550

GENERATOR

TRANSPORTER

FACILITY

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8602; WITHIN CALIFORNIA CALL 1-800-852-7330

GENERATOR

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-332-7333.

88048012

Please print or type. (Form designed for use on elite or dot-matrix typewriter)

Instructions on the Back

**UNIFORM HAZARDOUS
 WASTE MANIFEST**

1. Generator's US EPA ID No.

CAD008325334

Manifest
 Document No.

2. Page 1
 of 1

Information in the shaded areas
 is not required by Federal law.

3. Generator's Name and Mailing Address

**ALLIED SIGNAL, INC ELECTRODYNAMICS DIVISION
 11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605**

4. Generator's Phone (818) 766-1010

5. Transporter 1 Company Name

6. US EPA ID Number

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

**CHEMICAL WASTE MANAGEMENT
 35251 OLD SKYLINE DRIVE
 KETTLEMAN CITY, CA 93239**

10. US EPA ID Number

CAT000646117

A. State Manifest Document Number

88048011

B. State Generator's ID

HA1W031810101910191

C. State Transporter's ID

D. Transporter's Phone

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

CAT0006461117

H. Facility's Phone

(800) 222-2964

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers
 No. Type

13. Total
 Quantity

14. Unit
 Wt./Vol

15. Waste No.

**RQ, HAZARDOUS WASTE SOLID, N.O.S., ORN-E
 NA 9189 (FOO1) (contaminated soil)**

0101

BT

1

1

State
611/751
 EPA/Other
FOO1

J. Additional Descriptions for Materials Listed Above

PROFILE LAX N 65176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a. **03**

c.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16

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Printed/Typed Name

ROBIN OSEAS

Signature

[Signature]

Month Day Yr

11/18/88

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Tom Butler

Signature

Tom Butler

Month Day Yr

11/18/88

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Yr

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19

Printed/Typed Name

Steve [Signature]

Signature

Steve [Signature]

Month Day Yr

11/18/88

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8602; WITHIN CALIFORNIA CALL 1-800-852-7550

88048011

GENERATOR

TRANSPORTER

FACILITY

Please Print or type (Form designed for use on elite or other typewriter)

UNIFORM HAZARDOUS WASTE MANIFEST		Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION 11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605		0 A D O 0 8 3 2 5 3 3 4		A. State Manifest Document Number 87534062	
4. Generator's Phone (818) 765-1010		6. US EPA ID Number		B. State Generator's ID 1 H A H O 9 6 0 0 0 0 7	
5. Transporter 1 Company Name MP Vacuum Truck Service		8. US EPA ID Number K A T 1 0 1 0 1 0 1 0 1 2 4 1 2		C. State Transporter's ID 977698	
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone 805-393-1151	
9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT 35251 OLD SKYLINE DRIVE KETTLEMAN CITY, CA 93239		10. US EPA ID Number 1 G A T 0 0 0 6 4 6 1 1 7		E. State Transporter's ID	
				F. Transporter's Phone	
				G. State Facility's ID 0 1 1 0 0 5 4 8 1 1 7	
				H. Facility's Phone (800) 222-2964	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol
a. RQ, HAZARDOUS WASTE SOLID, H.O.S., ORM-E NA 9189 (FO01) (contaminated soil)		0101	DT	010021	T
b.					
c.					
d.					
J. Additional Descriptions for Materials Listed Above PROFILE LAX H 65176 CONTAMINATED SOIL FROM SITE REMEDIATION		K. Handling Codes for Wastes Listed Above a. 03 b. c. d.			
15. Special Handling Instructions and Additional Information WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT					
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Printed/Typed Name ROBIN OSEAS		Signature <i>Robin Oseas</i>		Month Day Year 11/09/88	
17. Transporter 1 Acknowledgement of Receipt of Materials		Printed/Typed Name MP Vacuum Don Parker		Signature <i>Don Parker</i>	
		Signature		Month Day Year 11/10/88	
18. Transporter 2 Acknowledgement of Receipt of Materials		Printed/Typed Name		Signature	
		Signature		Month Day Year	
19. Discrepancy Indication Space 210/11 Invalid manifest Number					
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.					
Printed/Typed Name Steve Pickel		Signature <i>Steve Pickel</i>		Month Day Year 11/09/88	

Please print or type. (Form designed for use on elite (dot pitch) typewriter).

UNIFORM HAZARDOUS WASTE MANIFEST		Generator's US EPA ID No.	Manifest Document No.	Page 1 of 1	Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION 11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605		4. Generator's Phone (818 765-1010)		A. State Manifest Document Number 87534111		
5. Transporter 1 Company Name BAREFIELD TRUCKING		6. US EPA ID Number CA D981574346		B. State Generator's ID HAHQ36009097		
7. Transporter 2 Company Name		8. US EPA ID Number		C. State Transporter's ID 903455		
9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT 35251 OLD SKYLINE DRIVE KETTLEMAN CITY, CA 93239		10. US EPA ID Number CAT000646117		D. Transporter's Phone 805-3236700		
				E. State Transporter's ID		
				F. Transporter's Phone		
				G. State Facility's ID CAT000646117		
				H. Facility's Phone (800) 222-2964		
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	15. Waste No.
a. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (FO01) (contaminated soil)		0101	DIT	200	1/2 T	State 611/761 EPA/Other FO01
b.						State EPA/Other
c.						State EPA/Other
d.						State EPA/Other
J. Additional Descriptions for Materials Listed Above PROFILE LAX H 65176 CONTAMINATED SOIL FROM SITE REMEDIAITON		K. Handling Codes for Wastes Listed Above a. 03 b. c. d.				
15. Special Handling Instructions and Additional Information WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT						
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.						
Printed/Typed Name ROBIN OSEAS		Signature <i>Robin Oseas</i>		Month Day Year 11/01/98		
17. Transporter 1 Acknowledgement of Receipt of Materials						
Printed/Typed Name JERRY BAREFIELD		Signature <i>Jerry Barefield</i>		Month Day Year 11/01/98		
18. Transporter 2 Acknowledgement of Receipt of Materials						
Printed/Typed Name		Signature		Month Day Year		
19. Discrepancy Indication Space Invalid Manifest Number						
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.						
Printed/Typed Name Steve Pickwell		Signature <i>Steve Pickwell</i>		Month Day Year 11/01/98		

Please print or type (Form designed for use on elite (pitch typewriter)

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-9331 WITHIN CALIFORNIA CALL 1-800-852-7350

Please print or type (Form designed for use on elite or dot matrix typewriter)

UNIFORM HAZARDOUS WASTE MANIFEST

Generator's US EPA ID No.

Manifest Document No.

Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address

ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

5. Transporter 1 Company Name

6. US EPA ID Number

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number

A. State Manifest Document Number

87534109

B. State Generator's ID

HAIAH013161019101971

C. State Transporter's ID

911678

D. Transporter's Phone

805 3931151

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

CAIT0101016141611171

H. Facility's Phone

(800) 222-2954

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (F001)(CONTAMINATED SOIL)

12. Containers

No. Type

13. Total Quantity

14. Unit

Wt/Vol

I. Waste No.

9 9 1 9 T

01021212

T

State 611/751

EPA/Other F001

State

EPA/Other

State

EPA/Other

State

EPA/Other

J. Additional Descriptions for Materials Listed Above

PROFILE LAX H 65176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a. 03

b.

c.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16.

GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

11/01/87

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

MP TRACUM FOR PAXTON

Signature

Don Paxton

Month Day Year

11/01/87

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

11/01/87

19. Discrepancy Indication Space

11) Initial Manifest

13) Received 20.24 tons. notified generator Robin (Date 10-1-87)

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

Printed/Typed Name

STEVE BLISS

Signature

Steve Bliss

Month Day Year

11/01/87

UNIFORM HAZARDOUS WASTE MANIFEST		Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION 11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605		C1A1D10108325884		A. State Manifest Document Number 87534078	
4. Generator's Phone (818) 765-1010		8		B. State Generator's ID H A H 0 3 8 0 0 9 0 9 7 1	
5. Transporter 1 Company Name KIAI TIAI 101016121417		8		C. State Transporter's ID 902947	
7. Transporter 2 Company Name		8		D. Transporter's Phone 805 397-1151	
9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT 35251 OLD SKYLINE DRIVE KETTLEMAN CITY, CA 93239		10. US EPA ID Number IC1A1T10100646117		E. State Transporter's ID	
				F. Transporter's Phone	
				G. State Facility's ID H A H 0 3 8 0 0 9 0 9 7 1	
				H. Facility's Phone (800) 222-2964	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No. Type		13. Total Quantity Quantity	
a. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)		0101 DIT		14. Unit Wt/Vol T	
b.				I. Waste No. State 611/751 EPA/Other F001	
c.				State EPA/Other	
d.				State EPA/Other	
J. Additional Descriptions for Materials Listed Above PROFILE LAX H 60176 CONTAMINATED SOIL FROM SITE REMEDIATION		K. Handling Codes for Wastes Listed Above a. b. c. d.			
15. Special Handling Instructions and Additional Information WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford					
Printed/Typed Name ROBIN OSEAS		Signature Robin Oseas		Month Day Year 1/10/1988	
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name DARRELL HAGAR		Signature Darrell Hagar		Month Day Year 1/10/1988	
18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name		Signature		Month Day Year	
19. Discrepancy Indication Space					
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19. Printed/Typed Name STEVE BLASIE R					
Signature Steve Blasie R		Signature		Month Day Year 1/10/1988	

Please print or type (Form designed for use on elite or pica typewriter).

**UNIFORM HAZARDOUS
WASTE MANIFEST**

Generator's US EPA ID No.

Manifest
Document No.

2. Page 1
of 1

Information in the shaded areas
is not required by Federal law.

3. Generator's Name and Mailing Address

ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number

87534071

B. State Generator's ID

HAHO 1134009097

C. State Transporter's ID

728651

D. Transporter's Phone (805) 773-1151

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address

CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number

ICIAIT101010646117

G. State Facility's ID

ICIAIT101010646117

H. Facility's Phone

(800) 222-2984

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (F001) (contaminated soil)

12. Containers
No. Type

001 DIT 90242

13. Total
Quantity

14. Unit
Wt/Vol

I. Waste No.

State 611/751

EPA/Other F001

State

EPA/Other

State

EPA/Other

State

EPA/Other

J. Additional Descriptions for Materials Listed Above

PROFILE LAX H 65176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a. 03

b.

c.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16.

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

11/01/1988

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name CHEATWOOD

Signature

Cher Chatwood

Month Day Year

11/04/88

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

Printed/Typed Name

STEVE BREWER JR

Signature

Steve Brewer Jr

Month Day Year

11/04/88

UNIFORM HAZARDOUS WASTE MANIFEST		Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION 11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605		6. US EPA ID Number CA1D101018131215131314		A. State Manifest Document Number 87534076	
4. Generator's Phone (818) 765-1010		7. Transporter 1 Company Name Superior Truck Service		B. State Generator's ID HA1H101316101019101917	
5. Transporter 1 Company Name Superior Truck Service		8. US EPA ID Number CA1T1010101214121417		C. State Transporter's ID 907680	
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone 805-393-1151	
9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT 35251 OLD SKYLINE DRIVE KETTLEMAN CITY, CA 93239		10. US EPA ID Number CA1T101010161416111117		E. State Transporter's ID	
				F. Transporter's Phone	
				G. State Facility's ID CA1T101010161416111117	
				H. Facility's Phone (800) 222-2964	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No.	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)		0101	4 T	440213	State 611/761 EPA/Other F001
b.					State EPA/Other
c.					State EPA/Other
d.					State EPA/Other
J. Additional Descriptions for Materials Listed Above PROFILE LAX H 65176 CONTAMINATED SOIL DUE TO SITE REMEDIATION		K. Handling Codes for Wastes Listed Above 07			
15. Special Handling Instructions and Additional Information WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.					
Printed/Typed Name ROBIN OSEAS		Signature <i>Robin Oseas</i>		Month Day Year 11/01/91	
17. Transporter 1 Acknowledgement of Receipt of Materials		Signature <i>[Signature]</i>		Month Day Year 11/01/91	
Printed/Typed Name [Name]		Signature <i>[Signature]</i>		Month Day Year 11/01/91	
18. Transporter 2 Acknowledgement of Receipt of Materials		Signature <i>[Signature]</i>		Month Day Year 11/01/91	
Printed/Typed Name [Name]		Signature <i>[Signature]</i>		Month Day Year 11/01/91	
19. Discrepancy Indication Space [Handwritten: no discrepancy]					
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.					
Printed/Typed Name STEVE BROWN		Signature <i>Steve Brown</i>		Month Day Year 11/01/91	

**UNIFORM HAZARDOUS
WASTE MANIFEST**

Generator's US EPA ID No.

Manifest
Document No.

2. Page 1
of 1

Information in the shaded areas
is not required by Federal law.

3. Generator's Name and Mailing Address

ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

5. Transporter 1 Company Name

MPV Truck Service

6. US EPA ID Number

KATICK VIGR 121212

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number

ICAT 000646117

A. State Manifest Document Number

87534075

B. State Generator's ID

HAHQ36009097

C. State Transporter's ID

903604

D. Transporter's Phone (805) 393-1151

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

CA 000646117

H. Facility's Phone

(800) 222-2964

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

a. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (F001) (contaminated soil)

12. Containers
No. Type

01011 DIT

13. Total
Quantity

24

14. Unit
Wt/Vol

T

I. Waste No.

State 611/761

EPA/Other

F001

EPA/Other

EPA/Other

EPA/Other

EPA/Other

EPA/Other

EPA/Other

EPA/Other

J. Additional Descriptions for Materials Listed Above

PROFILE LAX H 65176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a. 03

c.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16.

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

1/10/1998

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Danny B Simpson

Signature

Danny B Simpson

Month Day Year

1/10/1998

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

Steve Pickell

Signature

Steve Pickell

Month Day Year

1/10/1998

Please print or type. (Form designed for use on elite (pica) typewriter)

EPA 8700-22
(Rev. 9-88) Previous editions are obsolete.

23346-04

(Rev. 9-86) Previous editions are obsolete.

INSTRUCTIONS ON THE BACK

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-9300. IF YOU ARE OUTSIDE THE U.S., CALL 1-202-455-7666.

Please print or type. (Form designed for use on elite or other high typewriter)

UNIFORM HAZARDOUS WASTE MANIFEST		Generator's US EPA ID No. CIAID0008326884		Manifest Document No. 010101715	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION 11600 SHERMAN WYA, N. HOLLYWOOD, CA 91605					A. State Manifest Document Number 87534067		
4. Generator's Phone (818) 765-1010					B. State Generator's ID H M H 36009097		
5. Transporter 1 Company Name BAKEFIELD TRUCKING					C. State Transporter's ID 923455		
6. US EPA ID Number CAD981524346					D. Transporter's Phone 805 9236904		
7. Transporter 2 Company Name					E. State Transporter's ID		
8. US EPA ID Number					F. Transporter's Phone		
9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT 35251 OLD SKYLINE DRIVE KETTLEMAN CITY, CA 93239					G. State Facility's ID CIAIT0001614611171		
10. US EPA ID Number CAT000646117					H. Facility's Phone (800) 222-2964		
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)				12. Containers No. Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)				901 D T ODDRH			State 611/751 EPA/Other F001
b.							State EPA/Other
c.							State EPA/Other
d.							State EPA/Other
J. Additional Descriptions for Materials Listed Above PROFILE LAX H 60176 CONTAMINATED SOIL FROM SITE REMEDIATION					K. Handling Codes for Wastes Listed Above a. 03 b. c. d.		
15. Special Handling Instructions and Additional Information WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT							
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.							
Printed/Typed Name ROBIN OSEAS				Signature <i>Robin Oseas</i>		Month Day Year 11/06/88	
17. Transporter 1 Acknowledgement of Receipt of Materials							
Printed/Typed Name JERRY BAKEFIELD				Signature <i>Jerry Bakefield</i>		Month Day Year 11/06/88	
18. Transporter 2 Acknowledgement of Receipt of Materials							
Printed/Typed Name				Signature		Month Day Year	
19. Discrepancy Indication Space <i>Contaminated material</i>							
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.							
Printed/Typed Name Steve Pickard				Signature <i>St Pickard</i>		Month Day Year 11/06/88	

UNIFORM HAZARDOUS WASTE MANIFEST		Generator's US EPA ID No	Manifest Document No.	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION 11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605		CIAID00DERP5834010101817		A. State Manifest Document Number 87534079	
4. Generator's Phone (818) 765-1010		5. Transporter 1 Company Name Frank Bishop		B. State Generator's ID HAHQ36009097	
6. Transporter 1 US EPA ID Number CIAID981428624		7. Transporter 2 Company Name		C. State Transporter's ID 909634	
8. Transporter 2 US EPA ID Number		9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT 35251 OLD SKYLINE DRIVE KETTLEMAN CITY, CA 93239		D. Transporter's Phone 705 466 5990	
10. Designated Facility US EPA ID Number CIAT000646117		11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		E. State Transporter's ID	
a. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (FOO1) (contaminated soil)		12. Containers No. Type 001 DITC00215T		F. Transporter's Phone	
b.		13. Total Quantity		G. State Facility's ID CAT000646117	
c.		14. Unit Wt/Vol		H. Facility's Phone (800) 222-2964	
d.		I. Waste No. State 611/751 EPA/Other F001			
J. Additional Descriptions for Materials Listed Above PROFILE LAX H 85176 CONTAMINATED SOIL FROM SITE REMEDIATION		K. Handling Codes for Wastes Listed Above a. 03 c. b. d.			
15. Special Handling Instructions and Additional Information WEAR APPROPRIATE S PERSONAL PROTECTIVE EQUIPMENT					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.					
Printed/Typed Name ROBIN OSEAS		Signature <i>Robin Oseas</i>		Month Day Year 10 04 88	
17. Transporter 1 Acknowledgement of Receipt of Materials		Printed/Typed Name FRANK BISHOP		Signature <i>Frank Bishop</i>	
18. Transporter 2 Acknowledgement of Receipt of Materials		Printed/Typed Name <i>[Signature]</i>		Signature <i>[Signature]</i>	
19. Discrepancy Indication Space		Printed/Typed Name <i>[Signature]</i>		Signature <i>[Signature]</i>	
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest, except as noted in Item 19.		Printed/Typed Name <i>[Signature]</i>		Signature <i>[Signature]</i>	

print or type. (Form designed for use on elite typewriter)

GENERATOR

(Rev. 9-86) Previous editions are obsolete.

INSTRUCTIONS ON THE BACK

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8800. WITHIN CALIFORNIA CALL 1-800-852-7650

UNIFORM HAZARDOUS WASTE MANIFEST		Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION 11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605		CIAID 0003325884		A. State Manifest Document Number 87534073	
4. Generator's Phone (818) 765-1010				B. State Generator's ID HIAH 0131610191019171	
5. Transporter 1 Company Name MPVAC Truck Co.		8. US EPA ID Number CA7000624247		C. State Transporter's ID 903667	
7. Transporter 2 Company Name		9. US EPA ID Number		D. Transporter's Phone (209) 393-1151	
10. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT 35251 OLD SKYLINE DRIVE KETTLEMAN CITY, CA 93239		11. US EPA ID Number CIAIT 000646117		E. State Transporter's ID	
				F. Transporter's Phone	
				G. State Facility's ID CIAIT 010101616111171	
				H. Facility's Phone (800) 222-2964	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No.	13. Total Quantity	14. Unit Wt/Vol	15. Waste No.
a. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E na 9189 (F001) (contaminated soil)		901	DOT	OR0024	T 611/751 EPA/Other F001
b.					State EPA/Other
c.					State EPA/Other
d.					State EPA/Other
J. Additional Descriptions for Materials Listed Above PROFILE LAX H 65176 CONTAMINATED SOIL FROM SITE REMEDIATION		K. Handling Codes for Wastes Listed Above a. 03 b. c. d.			
15. Special Handling Instructions and Additional Information WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.					
Printed/Typed Name ROBIN OSEAS		Signature Robin Oseas		Month Day Year 11/03/88	
17. Transporter 1 Acknowledgement of Receipt of Materials					
Printed/Typed Name Tim Butler		Signature Tim Butler		Month Day Year 1/03/88	
18. Transporter 2 Acknowledgement of Receipt of Materials					
Printed/Typed Name		Signature		Month Day Year	
19. Discrepancy Indication Space Discrepancy					
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.					
Printed/Typed Name STEVEN W. WILSON		Signature Steven W. Wilson		Month Day Year 1/03/88	

Use print or type. (Form designed for use on elite pitch typewriter)

UNIFORM HAZARDOUS WASTE MANIFEST		Generator's US EPA ID No. CA1D10101813125131314		Manifest Document No. 00080	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION 11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605					A. State Manifest Document Number 87534072		
4. Generator's Phone (818) 765-1010					B. State Generator's ID HIAH0361010101017		
5. Transporter 1 Company Name ALLIED SIGNAL, INC.		6. US EPA ID Number CA1D10101813125131314		C. State Transporter's ID 902943			D. Transporter's Phone (805) 303-1151
7. Transporter 2 Company Name		8. US EPA ID Number		E. State Transporter's ID			
9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT 35251 OLD SKYLINE DRIVE KETTLEMAN CITY, CA 93239					F. Transporter's Phone		
10. US EPA ID Number CAT0000646117					G. State Facility's ID CAT0000646117		
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)					12. Containers	13. Total Quantity	14. Unit Wt/Vol
a. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil) b. c. d. J. Additional Descriptions for Materials Listed Above PROFILE LAX H 65176 CONTAMINATED SOIL FROM SITE REMEDIATION					No.	Type	Waste No.
							611/781
							0001
15. Special Handling Instructions and Additional Information WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT					K. Handling Codes for Wastes Listed Above		
					a.	b.	
					c.	d.	
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.							
Printed/Typed Name ROBIN OSEAS		Signature <i>Robin Oseas</i>		Month Day Year 11/01/88			
17. Transporter 1 Acknowledgement of Receipt of Materials							
Printed/Typed Name		Signature		Month Day Year			
				11/01/88			
18. Transporter 2 Acknowledgement of Receipt of Materials							
Printed/Typed Name		Signature		Month Day Year			
19. Discrepancy Indication Space							
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.							
Printed/Typed Name STEVE BLANK RT		Signature <i>Steve Blank</i>		Month Day Year 11/01/88			

**UNIFORM HAZARDOUS
WASTE MANIFEST**

Generator's US EPA ID No.

Manifest
Document No.

2. Page 1
of 1

Information in the shaded areas
is not required by Federal law.

3. Generator's Name and Mailing Address

ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818)

765-1010

5. Transporter 1 Company Name

M P Vac Truck Co

6. US EPA ID Number

EP200042247

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number

CAT000646117

A. State Manifest Document Number

87534071

B. State Generator's ID

HAHQ36000097

C. State Transporter's ID

903674

D. Transporter's Phone (905)

353-1131

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

CAT000646117

H. Facility's Phone

(800) 222-2964

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

RO, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (F001) (contaminated soil)

12. Containers

No. Type

0,0,1 D,T

13. Total
Quantity

010214 1/2

14. Unit
WT/Vol

T

1. Waste No.

State 611/751

EPA/Other F001

State

EPA/Other

State

EPA/Other

State

EPA/Other

J. Additional Descriptions for Materials Listed Above

PROFILE LAX H 65176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a. C3

c.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

18.

GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

11/01/88

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

GROVER CHEATWOOD

Signature

Grover Cheatwood

Month Day Year

11/01/88

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

Donald

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

Donald

Signature

Donald

Month Day Year

11/01/88

UNIFORM HAZARDOUS WASTE MANIFEST		Generator's US EPA ID No	Manifest Document No.	2 Page 1 of 1	Information in the shaded areas is not required by Federal law.
3 Generator's Name and Mailing Address ALLIED SIGNAL, INC. (ELECTRODYNAMICS DIVISION) 11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605			A. State Manifest Document Number 87534070		
4 Generator's Phone (818) 765-1010			B. State Generator's ID HAH01310101910171		
5 Transporter 1 Company Name WASTE MANAGEMENT, INC.			C. State Transporter's ID 902680		
6 US EPA ID Number HAH01310101910171			D. Transporter's Phone 865-293-1131		
7 Transporter 2 Company Name			E. State Transporter's ID		
8 US EPA ID Number			F. Transporter's Phone		
9 Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT 35251 OLD SKYLINE DRIVE KETTLEMAN CITY, CA 93239			G. State Facility's ID CAIT010101614111171		
10 US EPA ID Number CAIT010101614111171			H. Facility's Phone (800) 222-2084		
11 US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No. Type	13. Total Quantity	14. Unit Wt/Vol	15. Waste No.
a. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)		01013 DT	0101231/2	T	State 611/751 EPA/Other F001
b.					State EPA/Other
c.					State EPA/Other
d.					State EPA/Other
J. Additional Descriptions for Materials Listed Above PROFILE LAX H 65176 CONTAMINATED SOIL FROM SITE REMEDIATION		K. Handling Codes for Wastes Listed Above a. 03 b. 10 c. d.			
15. Special Handling Instructions and Additional Information WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford					
Printed/Typed Name ROBIN OSEAS		Signature <i>Robin Oseas</i>		Month Day Year 11/03/88	
17. Transporter 1 Acknowledgement of Receipt of Materials		Signature <i>[Signature]</i>		Month Day Year 11/03/88	
18. Transporter 2 Acknowledgement of Receipt of Materials		Signature <i>[Signature]</i>		Month Day Year 11/03/88	
19. Discrepancy Indication Space Discrepancy					
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.		Signature <i>[Signature]</i>		Month Day Year 11/03/88	

Please print or type. (Form designed for use on a dot-matrix (12-pitch typewriter).

**UNIFORM HAZARDOUS
WASTE MANIFEST**

1. Generator's US EPA ID No.

Manifest
Document No.

2. Page 1
of 1

Information in the shaded areas
is not required by Federal law.

C A D 0 0 8 3 2 5 3 3 4 0 0 0 8 6

3. Generator's Name and Mailing Address

ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

5. Transporter 1 Company Name

6

US EPA ID Number

Disposal Control Service Inc. C A T 0 8 0 0 3 4 1 8 4

7. Transporter 2 Company Name

8

US EPA ID Number

9. Designated Facility Name and Site Address

10

US EPA ID Number

CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

C A T 0 0 0 6 4 6 1 1 7

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers
No. Type

13. Total
Quantity

14. Unit
Wt/Vol

15. Waste
No.

a. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (f001) (contaminated soil)

9 9 10 T

992 4 1/2 T

612 751
EPA/Other
F001

b.

c.

d.

J. Additional Descriptions for Materials Listed Above

PROFILE LAX H 00176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a. 03

c.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16.

GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

10/2/5/81

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Don Wetzel

Signature

Don Wetzel

Month Day Year

10/2/5/81

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

Printed/Typed Name

Steve Pickens

Signature

Steve Pickens

Month Day Year

10/2/5/81

**UNIFORM HAZARDOUS
WASTE MANIFEST**

1. Generator's US EPA ID No.

Manifest
Document No.

2. Page 1
of 1

Information in the shaded areas
is not required by Federal law.

3. Generator's Name and Mailing Address

ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

5. Transporter 1 Company Name

P. VACUUM + TRUCK SERVICE, INC. 41000161241217

7. Transporter 2 Company Name

9. Designated Facility Name and Site Address

CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number

CAT000646117

A. State Manifest Document Number

87238168

B. State Generator's ID

C. State Transporter's ID

D. State Facility's ID

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

RO, HAZARDOUS WASTE SOLID, H.O.S., ORM-E
NA 9189 (FOO1) (contaminated soil)

12. Containers
No. Type

991 RT

13. Total
Quantity

0.02312 T

14. Unit
Wt/Vol

T

15. Waste
State
EPA/Other
FOO1

J. Additional Descriptions for Wastes Listed Above

PROFILE LAX H C000

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a. 27

b.

c.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

10/8/12/18

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

JOHN L. MARTIN

Signature

John L. Martin

Month Day Year

10/24/18

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

11/1/18

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

Printed/Typed Name

STEVE BRADY

Signature

Steve Brady

Month Day Year

11/1/18

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-9802; WITHIN CALIFORNIA CALL 1-800-852-7550

GENERATOR

TRANSPORTER

FACILITY

22500005

**1988 MANIFESTS
(TANK 13 SOIL EXCAVATION)
CONTINUED**

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.

Manifest Document No.

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

C A T 0 0 0 8 3 2 5 3 3 4 0 0 0 0 4

3. Generator's Name and Mailing Address

ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone 818 765-1010

A. State Manifest Document Number

87238167

B. State Generator's ID

11A1H0361010101017

5. Transporter 1 Company Name

6. US EPA ID Number

M.P. Vacuum Truck Service Inc. C A T 0 0 0 6 2 4 2 4 7

C. State Transporter's ID

923679

D. Transporter's Phone

7. Transporter 2 Company Name

8. US EPA ID Number

9 Designated Facility Name and Site Address
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number

C A T 0 0 0 6 4 6 1 1 7

G. State Facility's ID

11A1T0101010101017

H. Facility's Phone

800-222-2964

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers
No. Type

13. Total Quantity

14. Unit
Wt/Vol

15. Waste
State
EPA/Other

a. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (F001) (Contaminated soil)

0 0 1 9 T 0 0 2 1 1/2 T

State 611751
EPA/Other F001

b.

c.

d.

J. Additional Descriptions for Materials Listed Above

PROFILE LAX # 65176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a. 03

c.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16.

GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

0 1 12 3 8 1

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

R J DAVIS

Signature

R J Davis

Month Day Year

0 8 23 8 1

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

1 1 1 1 1 1

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

Printed/Typed Name

Steve Pickel

Signature

St Pickel

Month Day Year

0 8 23 8 1

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802. WITHIN CALIFORNIA CALL 1-800-852-7550

GENERATOR

TRANSPORTER

FACILITY

R 2875-11

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.

Manifest
Document No.

2. Page 1
of 1

Information in the shaded areas
is not required by Federal law.

3. Generator's Name and Mailing Address

ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

5. Transporter 1 Company Name

8

US EPA ID Number

M.P. Vacuum Truck Service Inc.

8

US EPA ID Number

7. Transporter 2 Company Name

8

US EPA ID Number

9. Designated Facility Name and Site Address

CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10

US EPA ID Number

A. State Manifest Document Number

87238166

B. State Generator's ID

HIAH0360090917

C. State Transporter's ID

203692

D. Transporter's Phone

805-323-1151

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

CA1300000161117

H. Facility's Phone

(800) 222-2964

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers
No. Type

13. Total
Quantity

14. Unit
Wt/Vol

15. Waste No.

a. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (F001) (contaminated soil)

001

DT

2121113

T

State
611-51

EPA/Other
F001

J. Additional Descriptions for Materials Listed Above

PROFILE LAX H 65176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

03

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16

GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

10/12/1985

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Tim Butler

Signature

Tim Butler

Month Day Year

12/12/1988

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

Printed/Typed Name

Steve Pickard

Signature

Steve Pickard

Month Day Year

05/23/1988

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8602, WITHIN CALIFORNIA CALL 1-800-852-7550

GENERATOR

TRANSPORTER

FACILITY

122826-04

**UNIFORM HAZARDOUS
WASTE MANIFEST**

1. Generator's US EPA ID No.

Manifest
Document No.

2. Page 1

Information in the shaded areas
is not required by Federal law.

3. Generator's Name and Mailing Address

ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

5. Transporter 1 Company Name

6. US EPA ID Number

WIPACUM Truck Service CAT 000024247

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

10. US EPA ID Number

CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

ICAT 0181010134184

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers
No. Type

13. Total
Quantity

14. Unit
Wt/Vol

a. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (FO01) (contaminated soil)

001 DT

0102 1/2 T

Waste

611 21

EPA/Other

State

EPA/Other

State

EPA/Other

State

EPA/Other

J. Additional Descriptions for Materials Listed Above

PROFILE LAX H65176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Heading Codes for Wastes Listed Above

a. 03

c.

b.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

10 12 1988

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Tim Butler

Signature

Tim Butler

Month Day Year

10 12 1988

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Tim B.

Signature

Tim B.

Month Day Year

10 12 1988

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

Printed/Typed Name

STEVE BROWN JR

Signature

Steve Brown Jr

Month Day Year

10 12 1988

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802. WITHIN CALIFORNIA CALL 1-800-852-7550

GENERATOR

TRANSPORTER

FACILITY

P2844-02

Please print or type. (Form designed for use on 12-pitch typewriter)

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

UNIFORM HAZARDOUS WASTE MANIFEST

Generator's US EPA ID No

Manifest
Document No

2. Page 1
of 1

Information in the shaded areas
is not required by Federal law.

3. Generator's Name and Mailing Address

ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91505

4. Generator's Phone 818 765-1010

5. Transporter 1 Company Name

Waste Management

6. US EPA ID Number

CA1D101018131215131314101010

7. Transporter 2 Company Name

8. US EPA ID Number

CA1D101018131215131314101010

9. Designated Facility Name and Site Address

CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number

CA1T080034184

A. State Manifest Document Number

81238163

B. State Generator's ID

CA1D101018131215131314101010

C. State Transporter's ID

81238163

D. Transporter's Phone

205 393 1151

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

CA1T080034184

H. Facility's Phone

(800) 222-2964

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (FO01) (Contaminated soil)

12. Containers

No. Type

13. Total Quantity

14. Unit

Wt/Vol

15. Waste No.

State

EPA/Other

State

EPA/Other

State

EPA/Other

State

EPA/Other

State

EPA/Other

State

EPA/Other

State

EPA/Other

State

EPA/Other

J. Additional Descriptions for Materials Listed Above

PROFILE LAX H65176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a. 03

b.

c.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

1982 3 18

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Jerry Stane

Signature

Jerry Stane

Month Day Year

10 18 3 18

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

10 18 3 18

19. Discrepancy Indication Space

10/18/82

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

STEVE BRENN

Signature

Steve Brenn

Month Day Year

10 18 3 18

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802. WITHIN CALIFORNIA CALL 1-800-852-7550

R28211

**UNIFORM HAZARDOUS
WASTE MANIFEST**

Generator's US EPA ID No.

Manifest
Document No.

2. Page 1
of 1

Information in the shaded areas
is not required by Federal law.

3. Generator's Name and Mailing Address

ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

5. Transporter 1 Company Name

FRANK BISHOP

6. US EPA ID Number

CA09011428626

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number

CA1080034184

A. State Manifest Document Number

87238182

B. State Generator's ID

NAH036009097

C. State Transporter's ID

902654

D. Transporter's Phone

(951) 466-3490

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

CA1080034184

H. Facility's Phone

(800) 222-2064

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

a. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (FOO1) (contaminated soil)

12. Containers
No. Type

13. Total
Quantity

14. Unit
Wt/Vol

15. Waste
Code

0000100121412 T

512/41
FOO1

J. Additional Descriptions for Materials Listed Above

PROFILE LAX H 65176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a. 03

c.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

10/12/98

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

FRANK BISHOP

Signature

Frank Bishop

Month Day Year

10/12/98

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

10) 27000646117

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

STEVE BRADWIG

Signature

Steve Bradwig

Month Day Year

10/12/98

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802. WITHIN CALIFORNIA CALL 1-800-852-7550

GENERATOR

TRANSPORTER

FACILITY

2. 7829-14

**UNIFORM HAZARDOUS
WASTE MANIFEST**

1. Generator's US EPA ID No.

CIAID008325334

Manifest
Document No.
010101218

2. Page 1
of 1

Information in the shaded areas
is not required by Federal law.

3. Generator's Name and Mailing Address

ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

5. Transporter 1 Company Name

M.P. Union Truck & Service Co

6

US EPA ID Number

CAT0000624247

7. Transporter 2 Company Name

8

US EPA ID Number

9. Designated Facility Name and Site Address

CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10

US EPA ID Number

CAT080034184

A. State Manifest Document Number

87238161

B. State Generator's ID

MAH0131610191017

C. State Transporter's ID

203672

D. Transporter's Phone

203-393-410

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

CIAIT010101618161117

H. Facility's Phone

(800) 222-2954

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

a. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (F001) (contaminated soil)

12. Containers

No.

Type

13. Total Quantity

14. Unit
Wt/Vol

Waste No.

0000X 1121

T

State
EPA/ID
F001

J. Additional Descriptions for Materials Listed Above

PROFILE LAX H 65176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a. 03

c.

b.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16.

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

10/8/2018

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Tim Butler

Signature

Tim Butler

Month Day Year

10/8/2018

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

10/24/2018 (4/11)

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

Printed/Typed Name

STEVEN BRUNER JR

Signature

Steven Bruner Jr

Month Day Year

10/8/2018

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802. WITHIN CALIFORNIA CALL 1-800-852-7550

GENERATOR

TRANSPORTER

FACILITY

R213-12

**UNIFORM HAZARDOUS
WASTE MANIFEST**

1. Generator's US EPA ID No.

Manifest
Document No.

2. Page 1
of 1

Information in the shaded areas
is not required by Federal law.

3. Generator's Name and Mailing Address

ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

5. Transporter 1 Company Name

M. P. Vacuum

6. US EPA ID Number

CAT0000624247

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number

CAT080034184

A. State Manifest Document Number

87238159

B. State Generator's ID

HA 1036090917

C. State Transporter's ID

03674

D. Transporter's Phone

75-7757

E. State Transporter's ID

03674

F. Transporter's Phone

(800) 222-2264

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

a. RQ, HAZARDOUS WASTE SOLID, N.O.S. ORM-E
NA 9189 (F001) (Contaminated soil)

12. Containers

No. Type

0 0 1 D T

13. Total Quantity

Unit

1 1 2 2

14. Unit

Wt/Vol

T

15. Waste

State

611251

J. Additional Descriptions for Materials Listed Above

PROFILE LAX-N 50176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a. C3

b.

c.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

08 02 88

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

RJ Davis

Signature

RJ Davis

Month Day Year

08 12 88

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

10/08/88

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

Printed/Typed Name

STEVE BRADLEY

Signature

Steve Bradley

Month Day Year

08 12 88

**UNIFORM HAZARDOUS
WASTE MANIFEST**

Generator's US EPA ID No.

Manifest
Document No.

2. Page 1
of 1

Information in the shaded areas
is not required by Federal law.

3. Generator's Name and Mailing Address

ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

5. Transporter 1 Company Name

DISPOSAL CONTROL SERVICE

6. US EPA ID Number

ICAT03003418A

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number

ICAT08003418A

A. State Manifest Document Number

87238158

B. State Generator's ID

HAH036009017

C. State Transporter's ID

907001

D. Transporter's Phone (800) 824-3346

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

ICAT03003418A

H. Facility's Phone

(800) 222-2964

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers
No. Type

13. Total
Quantity

14. Unit
WT/Vol

Waste No.

a. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (FO01) (contaminated soil)

001

DT

099216

T

State 611/763

EPA/Other

FO01

b.

c.

d.

J. Additional Descriptions for Materials Listed Above

PROFILE LAX H 65176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a.

c.

b.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16.

GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

10/31/87

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

GARY HENSLEY

Signature

Gary Hensley

Month Day Year

10/31/87

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

STEVEN BAKER

Signature

Steven Baker

Month Day Year

10/31/87

**UNIFORM HAZARDOUS
WASTE MANIFEST**

1. Generator's US EPA ID No.

Manifest
Document No.

2. Page 1
of 1

Information in the shaded areas
is not required by Federal law.

3. Generator's Name and Mailing Address

ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

5. Transporter 1 Company Name

DISPOSAL CONTROL SERVICE

6. US EPA ID Number

ICAT030034184

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number

ICAT080034184

A. State Manifest Document Number

81238157

B. State Generator's ID

HAH03160090917

C. State Transporter's ID

827002

D. Transporter's Phone (800) 824-3345

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

ICAT0000164161117

H. Facility's Phone

(800) 222-2984

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers

13. Total
Quantity

14. Unit
Wt./Vol

Waste No.

a. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (F001)(contaminated soil)

No. Type

0010101241/2

State
611/7
EPA/Other
F001

b.

State
EPA/Other

c.

State
EPA/Other

d.

State
EPA/Other

J. Additional Descriptions for Materials Listed Above

PROFILE, LAX H65176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

03

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

082488

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

DAVE DADE

Signature

Dave Dade

Month Day Year

082488

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

10) (AT00064611)

I ~~SP~~ STATE CODE NOT A #751 WASTE

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

Printed/Typed Name

Steve Pickel

Signature

Steve Pickel

Month Day Year

082488

**UNIFORM HAZARDOUS
WASTE MANIFEST**

Generator's US EPA ID No.

Manifest
Document No.

2. Page 1
of 1

Information in the shaded areas
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3. Generator's Name and Mailing Address

ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

5. Transporter 1 Company Name

DISPOSAL CONTROL SERVICE

6. US EPA ID Number

ICAI101310034184

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number

CAT080034184

A. State Manifest Document Number

87238156

B. State Generator's ID

IIAII101310034184

C. State Transporter's ID

922003

D. Transporter's Phone

(800) 824-3345

E. State Transporter's ID

922003

F. Transporter's Phone

(800) 824-3345

G. State Facility's ID

IIAII101310034184

H. State Facility's Phone

(800) 222-2964

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

a. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (FO01) (contaminated soil)

12. Containers
No. Type

991 DT 01012412

13. Total
Quantity

14. Unit
Wt/Vol

15. Waste No.

State 611/201
EPA/Other FO01

J. Additional Descriptions for Materials Listed Above

PROFILE LAX H-65176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a. 03

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

10/8/24/88

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Don Wetzel

Signature

Don Wetzel

Month Day Year

10/12/88

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

10) 3760060007

STATE Code: ROTA#751

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

Steve Pickel

Signature

St Pickel

Month Day Year

08/24/88

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802, WITHIN CALIFORNIA CALL 1-800-852-7550

GENERATOR

TRANSPORTER

FACILITY

2541-02

**UNIFORM HAZARDOUS
WASTE MANIFEST**

1. Generator's US EPA ID No.

Manifest
Document No.

2. Page 1
of 1

Information in the shaded areas
is not required by Federal law.

ICADDO08325334004212

3. Generator's Name and Mailing Address

ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

5. Transporter 1 Company Name

DISPOSAL CONTROL SERVICE

6. US EPA ID Number

ICAT030084184

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number

ICAT080034184

A. State Manifest Document Number

87238152

B. State Generator's ID

HAH0360090917

C. State Transporter's ID

907002

D. Transporter's Phone (800) 824-3345

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

ICAT080034184

H. Facility's Phone (800) 222-2984

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers
No. Type

13. Total
Quantity

14. Unit
Wt/Vol

1. Waste No.

a. RQ, HAZARDOUS WASTE SOLID, H.O.S., ORM-E
NA 9189 (FO01) (contaminated soil)

0101

Drum

20021412

1

State
EPA/Other
FO01

b.

c.

d.

J. Additional Descriptions for Materials Listed Above

PROFILE LAX H 65176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a. 03

b.

c.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

10/8/2/2/91

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

DAVE DAVE

Signature

Dave Dave

Month Day Year

10/8/23/88

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

Printed/Typed Name

STEVE BROWN RT

Signature

Steve Brown

Month Day Year

10/8/23/88

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802. WITHIN CALIFORNIA CALL 1-800-852-7550

GENERATOR

TRANSPORTER

FACILITY

8.28.28.07

UNIFORM HAZARDOUS WASTE MANIFEST

Generator's US EPA ID No.

Manifest Document No.

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address

ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 WISHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

5. Transporter 1 Company Name

DISPOSAL CONTROL SERVICE

6. US EPA ID Number

CAT030034184

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number

CAT080034184

A. State Manifest Document Number

87238151

B. State Generator's ID

01A1H101316101019101912

C. State Transporter's ID

907001

D. Transporter's Phone (800) 824-3345

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

01A1H101316101019101912

H. Facility's Phone

(800) 222-2964

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

a. RQ, HAZARDOUS WASTE SOLID, N.O.S. ORM-E
NA 9189 (F001) (contaminated soil)

12. Containers
No. Type

0, 0, 1 D, T 0, 0, 2, 4, 1, 3

13. Total Quantity

14. Unit
Wt/Vol

15. Waste No.

State 611/751

EPA/Other F001

State

EPA/Other

State

EPA/Other

State

EPA/Other

State

EPA/Other

J. Additional Descriptions for Materials Listed Above

PROFILE LAX H 65176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a. 03

b.

c.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

10 8 12 13 18 18

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

LOYD DRIGGERS

Signature

Loyd Driggers

Month Day Year

10 8 12 13 18 18

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

10/24/12 16117

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

Stephen Rickel

Signature

Stephen Rickel

Month Day Year

10 8 12 13 18 18

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

GENERATOR

TRANSPORTER

FACILITY

**UNIFORM HAZARDOUS
WASTE MANIFEST**

Generator's US EPA ID No

Manifest
Document No.

2. Page 1
of 1

Information in the shaded areas
is not required by Federal law.

3. Generator's Name and Mailing Address

ALLIED SIGNAL INC., ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

5. Transporter 1 Company Name

DISPOSAL CONTROL SERVICE

6. US EPA ID Number

ICIAIT0131001314184

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number

ICIAIT01810101314184

A. State Manifest Document Number

87238150

B. State Generator's ID

ICIAIT0131001314184

C. State Transporter's ID

902003

D. Transporter's Phone (800) 824-3345

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

ICIAIT010161416117

H. Facility's Phone

(800) 222-2964

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

RO, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (FO01) (contaminated soil)

12. Containers

No. Type

001 DT

13. Total Quantity

0012315

14. Unit Wt/Vol

T

1. Waste No.

State 611/751
EPA/Other F001

State
EPA/Other

State
EPA/Other

State
EPA/Other

J. Additional Descriptions for Materials Listed Above

PROFILE-LAX H-65176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a. 03

c.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

08/23/88

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

ROBERT J. RIDER

Signature

Robert J. Rider

Month Day Year

08/23/88

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19

Printed/Typed Name

Steve Picken

Signature

Steve Picken

Month Day Year

08/23/88

Please print or type. (Form designed for use on elliptical pitch typewriter).

UNIFORM HAZARDOUS WASTE MANIFEST

Generator's US EPA ID No.

Manifest Document No.

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address

ALLIED SIGNAL INC., ELECTRODYNAMICS DIVISION
11600 SHERMAN WY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number

812338149

B. State Generator's ID

HIAHQ360090917

5. Transporter 1 Company Name

DISPOSAL CONTROL SERVICE

6. US EPA ID Number

CAT030034184

C. State Transporter's ID

D. Transporter's Phone (800) 824-3345

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

910226

F. Transporter's Phone

9. Designated Facility Name and Site Address

CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number

CAT080034184

G. State Facility's ID

CAIT0006461117

H. Facility's Phone

(800) 222-2964

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

a. RO, HAZARDOUS WASTE SOLID, N.O.S. ORM-E
NA 9189 (FO01) (contaminated soil)

12. Containers

No. Type

13. Total Quantity

14. Unit Wt/Vol

15. Waste No.

001 DT

0.90214

T

State 611/751

EPA/Other F001

State

EPA/Other

State

EPA/Other

State

EPA/Other

J. Additional Descriptions for Materials Listed Above

PROFILE LAX H. 65176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a. 03

b.

c.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16.

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

06 22 88

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Loyd DRIGGERS

Signature

Loyd Driggers

Month Day Year

05 02 88

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

(0000000000)

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

STEVEN W. HARRIS

Signature

Steven W. Harris

Month Day Year

09 22 88

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

GENERATOR

TRANSPORTER

FACILITY

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.

Manifest Document No.

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address

ALLIED SIGNAL Inc., ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number

87238148

B. State Generator's ID

INIAH1031610190917

5. Transporter 1 Company Name

DISPOSAL CONTROL SERVICE

8. US EPA ID Number

ICAT1030034184

C. State Transporter's ID

D. Transporter's Phone (800) 824-3345

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address

CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number

ICAT1080034184

G. State Facility's ID

ICAT100061461117

H. Facility's Phone

(800) 222-2964

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers

13. Total Quantity

14. Unit Wt/Vol

1. Waste No.

a. RQ, HAZARDOUS WASTE SOLID, N.O.S. ORM-E
NA 9189 (F001) (contaminated soil)

No. Type

25

State 611/751

EPA/Other F001

State

EPA/Other

State

EPA/Other

State

EPA/Other

State

EPA/Other

J. Additional Descriptions for Materials Listed Above

PROFILE LAX M. 65176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a. 03

c.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

10/8/21/88

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

DAVE DADE

Signature

Dave Dade

Month Day Year

10/8/21/88

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

STEVE BRADY

Signature

Steve Brady

Month Day Year

10/8/21/88

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL HAZARDOUS WASTE CENTER 1-800-424-8802, WITHIN CALIFORNIA CALL 1-800-852-7550

GENERATOR

TRANSPORTER

FACILITY

2512-10

Please print or type. (Form designed for use on elite (12 pin) typewriter).

Instructions on the Back

UNIFORM HAZARDOUS
WASTE MANIFEST

1. Generator's US EPA ID No.

CAD000822533400006

Manifest
Document No.

2. Page 1
of 1

Information in the shaded areas
is not required by Federal law.

3. Generator's Name and Mailing Address

ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone ()

818 765-1010

A. State Manifest Document Number

83485412

B. State Generator's ID

11111111111111111111

5. Transporter 1 Company Name

6

US EPA ID Number

7. Transporter 2 Company Name

8

US EPA ID Number

9. Designated Facility Name and Site Address

CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10

US EPA ID Number

C. State Transporter's ID

9022201

D. Transporter's Phone

1 800 822 3222

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

CAT00006461117

H. Facility's Phone

(800) 222-3000

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

a. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (F001) (contaminated soil)

12. Containers
No. Type

13. Total
Quantity

14. Unit
Wt/Vol

15. Waste No.

001 DT 0102312 T

State
EPA/Other

J. Additional Descriptions for Materials Listed Above

PROFILE LAX N 68176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a. 03

b.

c.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16.

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

11/02/88

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

DAVE DADE

Signature

Dave Dade

Month Day Year

11/03/88

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

Steve Pich

Signature

Steve Pich

Month Day Year

11/02/88

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

GENERATOR

TRANSPORTER

FACILITY

Instructions on the Back

UNIFORM HAZARDOUS
WASTE MANIFEST

1. Generator's US EPA ID No.

C A 0 0 0 8 3 2 5 3 3 4

Manifest
Document No.

2. Page 1
of 1

Information in the shaded areas
is not required by Federal law.

3. Generator's Name and Mailing Address

ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818 765-1010

5. Transporter 1 Company Name

6. US EPA ID Number

C A 7 0 8 4 0 3 4 1 5 7

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number

C A T 0 0 0 6 4 6 1 1 7

A. State Manifest Document Number
88485413

B. State Generator's ID

H A W 0 3 6 0 0 0 0 9 7

C. State Transporter's ID

D. Transporter's Phone 800-877-3223

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

C A T 0 0 0 6 4 6 1 1 7

H. Facility's Phone

(800) 222-2964

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers
No. Type

13. Total
Quantity

14. Unit
Wt/Vol

15. Waste No.

a. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (FOO1) (contaminated soil)

0 0 1 0 T 4 0 2 3 1 2

State 011/751
EPA/Other F001

b.

c.

d.

J. Additional Descriptions for Materials Listed Above

PROFILE LAX N 00176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a. 03

c.

b.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

10/26/88

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

JOHN D. OSEAS

Signature

John Oseas

Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

Steve Pickel

Signature

Steve Pickel

Month Day Year

10/26/88

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

88485413

GENERATOR

TRANSPORTER

FACILITY

Please print or type. (Form designed for use on elite (12 cpi) typewriter).

Instructions on the Back

UNIFORM HAZARDOUS
WASTE MANIFEST

1. Generator's US EPA ID No.

Manifest
Document No.

2. Page 1

Information in the shaded areas
is not required by Federal law.

3. Generator's Name and Mailing Address

ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11500 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 785-1010

5. Transporter 1 Company Name

6. US EPA ID Number

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number

A. State Manifest Document Number

88485414

B. State Generator's ID

C. State Transporter's ID

D. Transporter's Phone (805) 393-1137

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

H. Facility's Phone (800) 222-2954

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers
No. Type

13. Total
Quantity

14. Unit
Wt/Vol

L
Waste No.

a. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (FOO1) (contaminated soil)

001 DT 00332 T

State 611/751
EPA/Other F001

b.

State

c.

State

d.

State

EPA/Other

EPA/Other

EPA/Other

EPA/Other

EPA/Other

EPA/Other

EPA/Other

EPA/Other

EPA/Other

EPA/Other

EPA/Other

EPA/Other

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EPA/Other

EPA/Other

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EPA/Other

EPA/Other

EPA/Other

EPA/Other

EPA/Other

K. Handling Codes for Wastes Listed Above

a. 03

b.

c.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16.

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

11/02/88

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

CHUCK CRUZON

Signature

Chuck Cruzon

Month Day Year

11/01/88

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

Printed/Typed Name

Steve Pickel

Signature

Steve Pickel

Month Day Year

10/26/88

Do Not Write Below This Line

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30

Please print or type. (Form designed for use on elite (12-pitch typewriter).

Instructions on the Back

UNIFORM HAZARDOUS
WASTE MANIFEST

1. Generator's US EPA ID No.

CAD000832633400009

Manifest
Document No.

2. Page 1

of 1

Information in the shaded areas
is not required by Federal law.

3. Generator's Name and Mailing Address

ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number

88485415

B. State Generator's ID

HAHQ30009097

C. State Transporter's ID

D. Transporter's Phone

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address

CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number

CAT000646117

G. State Facility's ID

CAT000646117

H. Facility's Phone

(800) 222-2964

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

a. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (FOO1) (contaminated soil)

12. Containers
No. Type

0, 0, 1 D, T 992, 3, 2 T

13. Total
Quantity

14. Unit
Wt/Vol

1. Waste No.

State 611/761
EPA/Other F001

J. Additional Descriptions for Materials Listed Above

PROFILE LAX H 06176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a. 03

c.

b.

d.

15. Special Handling instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

10/26/88

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

WCMckenzie

Signature

WCMckenzie

Month Day Year

10/26/88

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

Printed/Typed Name

STEVE MCKENZIE

Signature

Steve McKenzie

Month Day Year

10/26/88

88485415

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

GENERATOR

TRANSPORTER

FACILITY

Please print or type. (Form designed for use on elite or other typewriter).

UNIFORM HAZARDOUS WASTE MANIFEST		Generator's US EPA ID No	Manifest Document No	Page 1 of 1	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION 11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605			A. State Manifest Document Number 87534066		
4. Generator's Phone (818) 765-1010			B. State Generator's ID HA1H031610101017		
5. Transporter 1 Company Name THE WASTE TREATMENT CO. KENTWOOD, CA			C. State Transporter's ID 903697		
6. US EPA ID Number			D. Transporter's Phone (909) 393-1151		
7. Transporter 2 Company Name			E. State Transporter's ID		
8. US EPA ID Number			F. Transporter's Phone		
9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT 35251 OLD SKYLINE DRIVE KETTLEMAN CITY, CA 93239			G. State Facility's ID CA1T1010101614161117		
10. US EPA ID Number			H. Facility's Phone (800) 222-2964		
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)			12. Containers	13. Total Quantity	14. Unit Wt/Vol
a. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)			No. 01011	Type DT	Quantity 0103216
b.					
c.					
d.					
J. Additional Descriptions for Materials Listed Above PROFILE LAX H 65176 CONTAMINATED SOIL FROM SITE REMEDIATION			K. Handling Codes for Wastes Listed Above		
15. Special Handling Instructions and Additional Information WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable, and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.					
Printed/Typed Name ROBIN OSEAS			Signature <i>Robin Oseas</i>		Month Day Year 11/01/82
17. Transporter 1 Acknowledgement of Receipt of Materials					
Printed/Typed Name <i>Richard P. Bennett</i>			Signature <i>Richard P. Bennett</i>		Month Day Year 11/01/82
18. Transporter 2 Acknowledgement of Receipt of Materials					
Printed/Typed Name			Signature		Month Day Year
19. Discrepancy Indication Space					
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.					
Printed/Typed Name <i>STANLEY</i>			Signature <i>Stanley</i>		Month Day Year 11/01/82

UNIFORM HAZARDOUS WASTE MANIFEST		Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION 11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605		6. US EPA ID Number CIAID0008325384		A. State Manifest Document Number 87534065	
4. Generator's Phone (818) 765-1010		7. Transporter 1 Company Name HAWTHORNE TRUCK CO.		B. State Generator's ID HAH034009097	
5. Transporter 1 Company Name HAWTHORNE TRUCK CO.		8. US EPA ID Number HAIT0000644947		C. State Transporter's ID 103604	
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone 805 373-1151	
9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT 35251 OLD SKYLINE DRIVE KETTLEMAN CITY, CA 93239m		10. US EPA ID Number CIAIT0000646117		E. State Transporter's ID	
				F. Transporter's Phone	
				G. State Facility's ID CIAIT0000646117	
				H. Facility's Phone (800) 222-2964	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No.	Type	13. Total Quantity	14. Unit Wt./Vol
a. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)		001	DIT	019231/2	T
b.					
c.					
d.					
J. Additional Descriptions for Materials Listed Above PROFILE LAX H 65176 CONTAMINATED SOIL FROM SITE REMEDIATION		K. Handling Codes for Wastes Listed Above a. 03 b. c. d.			
15. Special Handling Instructions and Additional Information WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT					
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Printed/Typed Name ROBIN OSEAS		Signature Robin Oseas		Month Day Year 11/9/87	
17. Transporter 1 Acknowledgement of Receipt of Materials		Printed/Typed Name Steve Pickett		Signature Steve Pickett	
18. Transporter 2 Acknowledgement of Receipt of Materials		Printed/Typed Name		Signature	
19. Discrepancy Indication Space A - Invalid manifest number					
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.					
Printed/Typed Name Steve Pickett		Signature Steve Pickett		Month Day Year 11/9/87	

UNIFORM HAZARDOUS WASTE MANIFEST

Generator's US EPA ID No. C1A1D10101213121513131410101712
Manifest Document No.

2. Page 1 of 1
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address

ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

5. Transporter 1 Company Name

MAP HAZARDOUS TRUCK SERVICE

6. US EPA ID Number

K1A17101012131214121417

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number

101A1T101010164161117

A. State Manifest Document Number

87534064

B. State Generator's ID

111A1H1013161010101017

C. State Transporter's ID

903700

D. Transporter's Phone (805) 393-1151

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

C1A1T101010164161117

H. Facility's Phone

(800) 222-2964

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers
No. Type

13. Total Quantity

14. Unit
Wt/Vol

15. Waste No.

a. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (F001) (contaminated soil)

101011101T 20121412T

State 611/751

EPA/Other F001

b.

State

EPA/Other

c.

State

EPA/Other

d.

State

EPA/Other

J. Additional Descriptions for Materials Listed Above

PROFILE LAX H 65176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a. Q3

c.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

11/00/88

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Don Mend

Signature

Don Mend

Month Day Year

11/07/88

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

A-Invalid manifest number

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

Steve Pickel

Signature

Steve Pickel

Month Day Year

11/00/89

**UNIFORM HAZARDOUS
WASTE MANIFEST**

Generator's US EPA ID No.

C A D O P B 3 2 5 8 3 4

Manifest Document No.

010101711

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address

ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

5. Transporter 1 Company Name

Disposal Control

6. US EPA ID Number

C A T O 8 0 0 3 4 1 8 4

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number

C A T O P P 6 4 6 1 1 7

A. State Manifest Document Number

87534063

B. State Generator's ID

11111111111111111111

C. State Transporter's ID

907023

D. Transporter's Phone

714 923-0542

E. State Transporter's ID

C A T O P P 6 4 6 1 1 7

F. Transporter's Phone

(800) 222-2964

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

a. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (FOO1) (contaminated soil)

12. Containers

No. Type

0101 DIT

13. Total Quantity

00934 T

14. Unit Wt/Vol

L Waste No.

State 611/751

EPA/Other F001

J. Additional Descriptions for Materials Listed Above

PROFILE LAX H 65176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a. CB

c. d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16

GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

11/00/38

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Don Wetzel

Signature

Don Wetzel

Month Day Year

11/00/38

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

11/00/38

19. Discrepancy Indication Space

Discrepancy

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

Steve Pichard

Signature

Steve Pichard

Month Day Year

11/00/38

**UNIFORM HAZARDOUS
WASTE MANIFEST**

Generator's US EPA ID No.

Manifest
Document No.

2. Page 1
of 4

Information in the shaded areas
is not required by Federal law.

3. Generator's Name and Mailing Address

ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

5. Transporter 1 Company Name

DISPOSAL CONTROL SERVICE

8

US EPA ID Number

CAT030034184

7. Transporter 2 Company Name

8

US EPA ID Number

9. Designated Facility Name and Site Address

CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10.

US EPA ID Number

CAT000646117

A. State Manifest Document Number

87238178

B. State Generator's ID

HAH036009092

C. State Transporter's ID

870224

D. Transporter's Phone (800) 824-3345

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

CAT000646117

H. Facility's Phone

(800) 222-2954

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers

No.

Type

13. Total
Quantity

14. Unit
Wt/Vol

15. Waste No.

a. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (FO01) (contaminated soil)

9914T 0102141/2 T

State

611/781

EPA/Other

FO01

b.

State

EPA/Other

c.

State

EPA/Other

d.

State

EPA/Other

J. Additional Descriptions for Materials Listed Above

PROFILE LAX H 65176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a.

03

b.

c.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE ~~REXXBANKXXXXXXEXXXXXQNR~~ PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

11/03/88

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

STEVEN T. MAXWELL

Signature

St T Maxwell

Month Day Year

11/03/88

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

A Invalid manifest number

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

Steve Pickel

Signature

St Pickel

Month Day Year

11/03/88

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

18727-16

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION 11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605		4. Generator's Phone (818) 7650 - 1010		A. State Manifest Document Number 87534061	
5. Transporter 1 Company Name Hem's Trucking		6. US EPA ID Number 5400000000000000		B. State Generator's ID H A H 101316101019101917	
7. Transporter 2 Company Name		8. US EPA ID Number		C. State Transporter's ID 801223	
9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT 35251 OLD SKYLINE DRIVE KETTLEMAN CITY, CA 93239		10. US EPA ID Number ICAT0000646117		D. Transporter's Phone 805 589 4000	
				E. State Transporter's ID	
				F. Transporter's Phone	
				G. State Facility's ID K A T 10101016141611117	
				H. Facility's Phone (800) 222-2964	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No. Type		13. Total Quantity	14. Unit Wt/Vol
a. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-F NA 9189 (F001) (contaminated soil)		901 DIT		49422	T
b.					
c.					
d.					
J. Additional Descriptions for Materials Listed Above PROFILE LAX H 65176 CONTAMINATED SOIL FROM SITE REMEDIATION		K. Handling Codes for Wastes Listed Above a. 03		b.	
15. Special Handling Instructions and Additional Information WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT					
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Printed/Typed Name ROBIN OSEAS		Signature Robin Oseas		Month Day Year 10/13/1987	
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name STEPHEN HELMS		Signature Stephen Helms		Month Day Year 10/13/1987	
18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name		Signature		Month Day Year	
19. Discrepancy Indication Space					
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. Printed/Typed Name STEVEN A. DEWITT		Signature Steven A. Dewitt		Month Day Year 10/13/1987	

(Rev. 9-88) Previous editions are obsolete.

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS

INSTRUCTIONS ON THE BACK

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802. WITHIN CALIFORNIA CALL 1-800-852-7550.

DHS 8022 A (1/87)
EPA 8700—22
(Rev. 9-86) Previous editions are obsolete.

INSTRUCTIONS ON THE BACK

R-2937-05

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.

Manifest Document No.

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address

ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

5. Transporter 1 Company Name

6. US EPA ID Number

HP Vacuum Tank Service 1417000000242412

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

10. US EPA ID Number

CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

14170000006461117

A. State Manifest Document Number

87238138

B. State Generator's ID

14170000006461117

C. State Transporter's ID

704005

D. Transporter's Phone

805-393-1151

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

14170000006461117

H. Facility's Phone

(800) 222-2984

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers
No. Type

13. Total Quantity

14. Unit
Wt/Vol

15. Waste No.

a. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (F001) (contaminated soil)

9939T QUOR14T

State 611/251
EPA/Other F001

b.

c.

d.

J. Additional Descriptions for Materials Listed Above

PROFILE LAX H-65176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a. 03

c.

b.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

10/18/1988

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Robert Newman

Signature

Robert Newman

Month Day Year

10/18/1988

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

10/18/1988

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

Steve Brown

Signature

Steve Brown

Month Day Year

10/18/1988

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL TOXIC SUBSTANCE CENTER 1-800-424-8802, WITHIN CALIFORNIA CALL 1-800-852-7550

**UNIFORM HAZARDOUS
WASTE MANIFEST**

1. Generator's US EPA ID No.

Manifest
Document No.

2. Page 1
of 1

Information in the shaded areas
is not required by Federal law.

3. Generator's Name and Mailing Address

C ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

5. Transporter 1 Company Name

MP Vacuum Truck Service

6. US EPA ID Number

KAT1000624247

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number

CAT000646117

A. State Manifest Document Number

87238197

B. State Generator's ID

HIAHQ3609097

C. State Transporter's ID

703680

D. Transporter's Phone

805 393 1551

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

CAT10101646117

H. Facility's Phone

(800) 222-2964

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

a. RQ, HAZARDOUS WASTE SOILD, N.O.S., ORM-E
NA 9189 (FO01) (contaminated soil)

12. Containers
No. Type

01011 DIT 949247 T

13. Total
Quantity

14. Unit
Wt/Vol

L
Waste No.

State 611/751
EPA/Other FO01

J. Additional Descriptions for Materials Listed Above

PROFILE LAX H 65176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a. 03

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

11/13/18

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Chuck Chuzan

Signature

Chuck Chuzan

Month Day Year

10/13/18

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

Steve Smith

Signature

Steve Smith

Month Day Year

11/13/18

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802. WITHIN CALIFORNIA CALL 1-800-852-7550

22920-03

**UNIFORM HAZARDOUS
WASTE MANIFEST**

1. Generator's US EPA ID No.

CAD008326334

Manifest
Document No.

00061

2. Page 1
of 1

Information in the shaded areas
is not required by Federal law.

3. Generator's Name and Mailing Address

ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

5. Transporter 1 Company Name

Greenfield Trucking

6. US EPA ID Number

CAD008326334

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number

CAT000646117

A. State Manifest Document Number

87238195

B. State Generator's ID

HIAH0360090917

C. State Transporter's ID

D. Transporter's Phone (800) 327-9099

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

CAT000646117

H. Facility's Phone

(800) 222-2964

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

a. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (F001) (contaminated soil)

12. Containers
No. Type

902 D T

13. Total
Quantity

9000214

14. Unit
Wt/Vol

T

15. Waste No.

State 611/751
EPA/Other F001

J. Additional Descriptions for Materials Listed Above

PROFILE LAX H 65176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a. 03

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

10/31/98

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

MARTY BARFIELD

Signature

Marty Barfield

Month Day Year

10/30/98

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

Printed/Typed Name

STANLEY BRADY JR

Signature

Stanley Brady Jr

Month Day Year

10/30/98

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

GENERATOR

TRANSPORTER

FACILITY

12 291407

**UNIFORM HAZARDOUS
WASTE MANIFEST**

1. Generator's US EPA ID No.

Manifest
Document No.

2. Page 1
of 1

Information in the shaded areas
is not required by Federal law.

3. Generator's Name and Mailing Address

ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

5. Transporter 1 Company Name

6

US EPA ID Number

6. Transporter 1 Company Name

6

US EPA ID Number

7. Transporter 2 Company Name

6

US EPA ID Number

9. Designated Facility Name and Site Address

10

US EPA ID Number

CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

ICAT000646117

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers
No. Type

13. Total
Quantity

14. Unit
Wt/Vol

Waste No.

a. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (FOO1) (contaminated soil)

991QT

44024T

State
6/1/751
EPA/Other
FOO1

b.

c.

d.

J. Additional Descriptions for Materials Listed Above

PROFILE LAX H 05176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a. 03

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16.

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

10/8/34/81

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

DANIEL B. S...

Signature

Daniel B. S...

Month Day Year

10/8/30/81

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

Judy Crawford

Signature

Judy Crawford

Month Day Year

01/8/30/81

Please print or type. (Form designed for use on 2-pitch typewriter)

GENERATOR

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

17 2920-1

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. C A D 0 0 8 3 2 5 3 3 A		Manifest Document No. 0 0 0 9 7	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION 11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605					A. State Manifest Document Number 87238191		
4. Generator's Phone (818) 765-1010					B. State Generator's ID H A I N I D 3 8 1 0 1 9 1 9 7		
5. Transporter 1 Company Name P.P. VIKRAM TRUCK SERVICE					C. State Transporter's ID 3 0 3 6 0 4		
6. US EPA ID Number A T 0 0 0 0 2 4 2 4 7					D. Transporter's Phone 8 1 8 3 9 3 4 5 7		
7. Transporter 2 Company Name					E. State Transporter's ID		
8. US EPA ID Number					F. Transporter's Phone		
9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT 35251 OLD SKYLINE DRIVE KETTLEMAN CITY, CA 93239					G. State Facility's ID H A I T 0 0 0 0 4 6 1 1 7		
10. US EPA ID Number C A T 0 0 0 6 4 6 1 1 7					H. Facility's Phone (500) 222-2900		
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)				12. Containers No. Type	13. Total Quantity	14. Unit Wt/Vol	15. Waste No.
a. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (F001) (contaminated soil)				0 0 1	9 T	23 1/2	T State 611 751 EPA/Other 001
b.							State EPA/Other
c.							State EPA/Other
d.							State EPA/Other
J. Additional Descriptions for Materials Listed Above PROFILE LAX H 65126 CONTAMINATED SOIL FROM SITE REMEDIATION				K. Handling Codes for Wastes Listed Above a. Q3 b. c. d.			
16. Special Handling Instructions and Additional Information WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT							
18. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.							
Printed/Typed Name ROBIN OSEAS				Signature <i>Robin Oseas</i>		Month Day Year 0 5 2 9 8 8	
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name <i>Don M... ..</i>				Signature <i>Don M...</i>		Month Day Year 0 5 1 3 8 8	
18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name				Signature		Month Day Year	
19. Discrepancy Indication Space <i>11-189</i>							
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19. Printed/Typed Name <i>STANLEY B... ..</i>							
Signature <i>Stanley B...</i>				Month Day Year 0 5 2 9 8 8			

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

GENERATOR

TRANSPORTER

FACILITY

**UNIFORM HAZARDOUS
WASTE MANIFEST**

1. Generator's US EPA ID No. **C1A1D1010181325334**
Manifest Document No. **010101516**

2. Page 1 of 1
Information in the shaded area is not required by Federal law.

3. Generator's Name and Mailing Address
**ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605**

A. State Manifest Document Number
87238190

4. Generator's Phone (818) **765-1010**

B. State Generator's ID
1H1A1H1013161010101017

5. Transporter 1 Company Name
MR Vacuum Truck Service

6. US EPA ID Number
C1A1T00101010101017

C. State Transporter's ID
902247

7. Transporter 2 Company Name

8. US EPA ID Number

D. Transporter's Phone
805-573-1121

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
**CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239**

10. US EPA ID Number
C1A1T10101010101017

G. State Facility's ID
C1A1T10101010101017

H. Facility's Phone
(800) 222-2964

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers
No. Type

13. Total Quantity

14. Unit Wt/Vol

15. Waste No.

a. **RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (F001) (contaminated soil)**

901 D1T C44C1214 T

State
611/751

EPA/Other
F001

b.

State

EPA/Other

c.

State

EPA/Other

d.

State

EPA/Other

J. Additional Descriptions for Materials Listed Above
**PROFILE LAX H 65170
CONTAMINATED SOIL FROM SITE REMEDIATION**

K. Handling Codes for Wastes Listed Above
a. **03**
b.
c.
d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMNET

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.
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Printed/Typed Name **ROBIN OSEAS** Signature *Robin Oseas* Month Day Year

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name *John Tison* Signature *John Tison* Month Day Year **10/18/1988**

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name Signature Month Day Year

19. Discrepancy Indication Space

None

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

Printed/Typed Name *John Tison* Signature *John Tison* Month Day Year **10/18/1988**

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL R
INSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7050

34.47

**UNIFORM HAZARDOUS
WASTE MANIFEST**

1. Generator's US EPA ID No.

Manifest
Document No.

2. Page 1

Information in the shaded
area is not required by Federal

C A D 0 1 0 8 1 3 1 2 1 5 1 3 1 3 1 4 0 0 0 5 1 5

3. Generator's Name and Mailing Address

ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

5. Transporter 1 Company Name

6. US EPA ID Number

MP Vacuum Truck Service C A T 0 1 0 1 0 1 6 1 2 4 2 4 1 7

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

10. US EPA ID Number

CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

C A T 0 0 0 6 4 6 1 1 7

A. State Manifest Document No.

87238189

B. State Generator's ID

HA 10101310

C. State Transporter's ID

D. Transporter's Phone

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

HA 10101018

H. Facility's Phone

(800) 222-2264

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers
No. Type

13. Total
Quantity

14. Unit
Wt/Vol

15. Waste No.

a. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
HA 9189 (F001) (contaminated soil)

0 0 1 9 T 0 1 0 1 0 2 1 5

T

611

611

b.

c.

d.

J. Additional Descriptions for Materials Listed Above

PROFILE LAX H05170

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

OB

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

10/8/29/85

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

MP Vacuum Don Paxton

Signature

Don Paxton

Month Day Year

10/8/29/89

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

Printed/Typed Name

Steve Schell

Signature

Steve Schell

Month Day Year

01/29/88

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802. WITHIN CALIFORNIA CALL 1-800-652-7550

GENERATOR

TRANSPORTER

FACILITY

R. 2895-05

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.

Manifest
Document No.

2. Page 1
of 1

Information in the shaded areas
is not required by Federal law.

3. Generator's Name and Mailing Address

ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

5. Transporter 1 Company Name

MP Vacuum Trucks Inc

6. US EPA ID Number

10179009124217

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number

10179009124217

A. State Manifest Document Number

87238188

B. State Generator's ID

10179009124217

C. State Transporter's ID

200223

D. Transporter's Phone

805-293-7157

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

10179009124217

H. Facility's Phone

(800) 222-2964

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

a. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (F001) (contaminated soil)

12. Containers
No. Type

991 AT

13. Total
Quantity

20022

14. Unit
Wt/Vol

T

1. Waste ID

61175

EPA/Other

61175

EPA/Other

61175

EPA/Other

61175

EPA/Other

61175

EPA/Other

J. Additional Descriptions for Materials Listed Above

PROFILE LAX H 61176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a. Q3

b.

c.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16.

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

10/81/2/91/818

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Darrell Hagar

Signature

Darrell Hagar

Month Day Year

10/81/2/91/818

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

10/81/2/91/818

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

Printed/Typed Name

Steve Pickel

Signature

Steve Pickel

Month Day Year

09/29/81

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7650

**UNIFORM HAZARDOUS
WASTE MANIFEST**

1. Generator's US EPA ID No.

Manifest
Document No.

2. Page 1
of 1

Information in the shaded areas
is not required by Federal law.

3. Generator's Name and Mailing Address

ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone ()

818 765-1010

5. Transporter 1 Company Name

6. US EPA ID Number

MP Vacuum Truck Service 1047044931247

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number

CAT000646117

A. State Manifest Document Number

87238188

B. State Generator's ID

1047044931247

C. State Transporter's ID

907500

D. Transporter's Phone ()

805 393-1151

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

1047044931247

H. Facility's Phone

(800) 222-2964

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers
No. Type

13. Total
Quantity

14. Unit
Wt/Vol

1. Waste No.

a. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (F001) (contaminated soil)

001 RT 0101214 T

b. Waste No.

611/78

EPA/Other

F001

c. Waste No.

EPA/Other

d. Waste No.

EPA/Other

e. Waste No.

EPA/Other

f. Waste No.

EPA/Other

g. Waste No.

EPA/Other

h. Waste No.

EPA/Other

J. Additional Descriptions for Materials Listed Above

PROFILE LAX H 6517

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a. b.

c. d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

10/22/1988

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

JOHN L. MARTIN

Signature

John L. Martin

Month Day Year

10/22/1988

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

Printed/Typed Name

STEVE CRABBE

Signature

Steve Crabbe

Month Day Year

10/22/1988

Please print or type. (Form designed for use on 12 pitch typewriter).

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.

CA1D101018325334

Manifest Document No.

010101512

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address

ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818 765-1010

5. Transporter 1 Company Name

Frank Bishop Trucking

6. US EPA ID Number

CA0981428026

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number

CA1T000646117

A. State Manifest Document Number

87238185

B. State Generator's ID

HJA101361090917

C. State Transporter's ID

707657

D. Transporter's Phone

805-466-3446

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

CA1T00064611117

H. Facility's Phone

(800) 222-2964

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

RO. HAZARDOUS WASTE SOLID, N.O.S. ORM-E
NA 9189 (FOOI) (contaminated soil)

12. Containers No. Type

001 DT

13. Total Quantity

9019215

14. Unit Wt/Vol

T

15. Waste No.

State 611/751

EPA/Other 7001

J. Additional Descriptions for Materials Listed Above

PROFILE LAX H 85176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a. 07

b.

c.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

10/21/88

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

FRANK BISHOP

Signature

Frank Bishop

Month Day Year

10/21/88

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

Printed/Typed Name

31415 11/10/88

Signature

31415

Month Day Year

11/10/88

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

GENERATOR

TRANSPORTER

FACILITY

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. C A D 0 0 8 3 2 5 3 3 A	Manifest Document No. 0 0 0 5 1	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.	
Generator's Name and Mailing Address ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION 11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605				A. State Manifest Document Number 87238184		
Generator's Phone (818) 765-1010				B. State Generator's ID HIAH013160090917		
5. Transporter 1 Company Name M.P. Environmental Service				C. State Transporter's ID 9256X0		
6. US EPA ID Number 1047944024247				D. Transporter's Phone 818 793 1151		
7. Transporter 2 Company Name				E. State Transporter's ID		
8. US EPA ID Number				F. Transporter's Phone		
9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT 35251 OLD SKYLINE DRIVE KETTLEMAN CITY, CA 93239				G. State Facility's ID CAIT0101016461117		
10. US EPA ID Number CAIT0101016461117				H. Facility's Phone (800) 222-2954		
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	15. Waste No.
a. RQ, HAZARDOUS WASTE SOLID, NOS, ORM-E NA 9189 (F001) (contaminated soil)		991	9T	22.43	T	State 611/751 EPA/Other F001
b.						State EPA/Other
c.						State EPA/Other
d.						State EPA/Other
J. Additional Descriptions for Materials Listed Above PROFILE LAX H 6817A CONTAMINATED SOIL FROM SITE REMEDIATION				K. Handling Codes for Wastes Listed Above a. 103 b. 1 c. d.		
15. Special Handling Instructions and Additional Information WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT						
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.						
Printed/Typed Name ROBIN OSEAS		Signature Robin Oseas		Month Day Year 10 21 68		
17. Transporter 1 Acknowledgement of Receipt of Materials						
Printed/Typed Name R J Davis		Signature R J Davis		Month Day Year 10 21 68		
18. Transporter 2 Acknowledgement of Receipt of Materials						
Printed/Typed Name		Signature		Month Day Year		
19. Discrepancy Indication Space Notified generator Robin Oseas 8-30-87 22.43 Tons Received AC						
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.						
Printed/Typed Name STEVE BROWN RT		Signature Steve Brown		Month Day Year 08 26 88		

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802. WITHIN CALIFORNIA CALL 1-800-852-7550

GENERATOR

TRANSPORTER

FACILITY

Please print or type. (Form designed for use with 12-pitch typewriter)

INSTRUCTIONS ON THE BACK

DAYS 2880-04 INST

**UNIFORM HAZARDOUS
WASTE MANIFEST**

1. Generator's US EPA ID No.

Manifest
Document No.

2. Page 1

Information to be loaded on
in not required by Federal law

CA1D10108325334 010149

3. Generator's Name and Mailing Address

ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number

87238182

B. State Generator's ID

CA1D10108325334 010149

C. State Transporter's ID

907667

D. Transporter's Phone 805 393-151

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

CA1D10108325334 010149

H. Facility's Phone

(800) 222-2964

5. Transporter 1 Company Name

6. US EPA ID Number

MR Vacuum Truck Service Co. CA1D10108325334 010149

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

10. US EPA ID Number

CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

CA1D10108325334 010149

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers

13. Total Quantity

14. Unit

15. Waste

a. RQ. HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (F001) (contaminated soil)

No. Type

Quantity

Unit

Waste

0 0 1 RT

142115

T

611751

b. State EPA/Other 001

c. State EPA/Other

d. State EPA/Other

e. State EPA/Other

f. State EPA/Other

g. State EPA/Other

h. State EPA/Other

i. State EPA/Other

j. State EPA/Other

k. State EPA/Other

l. State EPA/Other

J. Additional Descriptions for Materials Listed Above

PROFILE LAX H65176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

03

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16.

GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

10/8/21/87

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

MR Vacuum Don Paxton

Signature

Don Paxton

Month Day Year

10/8/21/87

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

Printed/Typed Name

Steve Pickel

Signature

Steve Pickel

Month Day Year

08/26/88

18-9-1-12

FACTORY

12 2878-

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.

Manifest
Document No.

2. Page 1
of 1

Information in the shaded areas
is not retained by Federal law.

3. Generator's Name and Mailing Address

ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number

87238180

B. State Generator's ID

1H1A1H10134001091017

C. State Transporter's ID

203604

D. Transporter's Phone

818 393-1151

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

1C1A1T10101614161117

H. Facility's Phone

(800) 222-2966

5. Transporter 1 Company Name

MP Vacuum Truck Service Inc. 1C1A1T10101614161117

6. US EPA ID Number

1C1A1T10101614161117

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number

1C1A1T10101614161117

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

a. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (FO01) (contaminated soil)

12. Containers

No. Type

9919T

13. Total Quantity

4010214

14. Unit

Wt/Vol

T

Waste No.

610/101

EPA/ONS

FO01

State

EPA/ONS

State

EPA/ONS

State

EPA/ONS

State

EPA/ONS

State

EPA/ONS

State

EPA/ONS

State

EPA/ONS

State

EPA/ONS

J. Additional Descriptions for Materials Listed Above

PROFILE LAX H 65176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a. 03

b.

c.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

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Printed/Typed Name ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

10/15/1618

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Jim Butler

Signature

Jim Butler

Month Day Year

10/18/1618

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

11/11/11

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

Printed/Typed Name

Steve Picken

Signature

St Picken

Month Day Year

08/26/11

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

GENERATOR

TRANSPORTER

FACILITY

Please print or type. (Form designed for use with a 12-pitch typewriter)

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. **C A D I O 0 8 3 2 5 B 3 A** Manifest Document No. **010101416**

2. Page 1 of 1 Information is not required by manifest

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605
4. Generator's Phone (818) **765-1010**

A. State Manifest Document No. **87238179**
B. State Generator ID **NAH010101010101**

5. Transporter 1 Company Name **M.P. Velez Trucking** 6. US EPA ID Number **K A T 0 0 0 0 2 4 2 4 7**
7. Transporter 2 Company Name 8. US EPA ID Number

C. State Transporter's ID **K A T 0 0 0 0 2 4 2 4 7**
D. Transporter's Phone **(818) 765-1010**
E. State Facility's ID **ICAT0000646117**
F. Facility's Phone **(916) 222-2964**

9. Designated Facility Name and Site Address
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239 10. US EPA ID Number **C A T 0 0 0 0 6 4 6 1 1 7**

G. State Facility's ID **ICAT0000646117**
H. Facility's Phone **(916) 222-2964**

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers No. Type 13. Total Quantity 14. Unit Wt/Vol 15. Waste

a. **RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-I**
NA 9189 (F001) (contaminated soil)
b.
c.
d.

State **CA**
EPA/Other **NA 9189 (F001)**
State
EPA/Other
State
EPA/Other
State
EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX N 65176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
a. **03**
b.
c.
d.

15. Special Handling Instructions and Additional Information
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.
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Printed/Typed Name **ROBIN OSEAS** Signature *Robin Oseas* Month Day Year **10/18/88**

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name **CHUCK CRUZAN** Signature *Chuck Cruzan* Month Day Year **10/18/88**

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name Signature Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.
Printed/Typed Name **Steve Pickell** Signature *Steve Pickell* Month Day Year **08/26/88**

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL HSLC USE CENTER 1-800-424-8802. WITHIN CALIFORNIA CALL 1-800-852-7550

P 287803

Please print or type. (Form designed for use with a 12-pitch typewriter).

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.

Manifest Document No.

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address

ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

5. Transporter 1 Company Name

DISPOSAL CONTROL SERVICE

6. US EPA ID Number

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

a. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (F001) (contaminated soil)

12. Containers

No. Type

13. Total Quantity

14. Unit

15. Waste No.

901 D T

24

T

611751

EPA/Other F001

J. Additional Descriptions for Materials Listed Above

PROFILE LAX H 66176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

08 29 88

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

GARY HENSLEY

Signature

Gary Hensley

Month Day Year

08 29 88

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

2001

Signature

Month Day Year

08 29 88

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

STEVEN ARROW AT

Signature

Steven Arrow

Month Day Year

08 29 88

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802. WITHIN CALIFORNIA CALL 1-800-852-7550

GENERATOR

TRANSPORTER

FACILITY

IN CASE OF AN EMERGENCY OR SPILL CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

175900-13

**UNIFORM HAZARDOUS
WASTE MANIFEST**

1. Generator's US EPA ID No.

CAID008325334

Manifest
Document No.

010101412

2. Page 1
of 1

Information in the shaded areas
is not required by Federal law

3. Generator's Name and Mailing Address

ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number

87238175

B. State Generator's ID

HA0000000000000000

5. Transporter 1 Company Name

Frank Bishop Trucking

6. US EPA ID Number

CAID901428626

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number

ICAT000646117

G. State Facility's ID

ICAT000646117

H. Facility's Phone

(800) 222-2964

11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)

RM, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (F001) (contaminated soil)

12. Containers

No. Type

0 0 1 D T

13. Total
Quantity

1 1 2 5 T

14. Unit
Wt/Vol

T

15. Waste

State 511
EPA/Other F001

J. Additional Descriptions for Materials Listed Above

PROFILE LAX H 65176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

U3

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

10/5/25/88

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

FRANK BISHOP

Signature

Frank Bishop

Month Day Year

10/8/25/88

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

Printed/Typed Name

STEVE BISHOP

Signature

Steve Bishop

Month Day Year

10/26/88

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802. WITHIN CALIFORNIA CALL 1-800-852-7550

GENERATOR

TRANSPORTER

FACILITY

**UNIFORM HAZARDOUS
WASTE MANIFEST**

1. Generator's US EPA ID No.

Manifest
Document No.

2. Page 1
of 1

Information in the shaded areas
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3. Generator's Name and Mailing Address

ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

5. Transporter 1 Company Name

6. US EPA ID Number

K.P. Vacuum Truck Service Inc. K14T0009242417

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number

CAT000646117

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers
No. Type

13. Total
Quantity

14. Unit
Wt/Vol

Waste No.

a. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (FOO1) (contaminated soil)

001 DT00233T

b.

c.

d.

J. Additional Descriptions for Materials Listed Above

PROFILE LAX H 86176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a. 03

c.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16.

GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

10/18/88

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

JOHN L. MARTIN

Signature

John L. Martin

Month Day Year

10/12/88

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

STEVE BLANKENHORN

Signature

Steve Blankenhorn

Month Day Year

10/18/88

GENERATOR

TRANSPORTER

FACILITY

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

Please print or type. (Form designed for use with a dot-matrix (12-pitch typewriter).

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. C1A D 0 0 8 3 2 5 3 B 4		Manifest Document No. 0 0 0 0 4 0		2. Page 1 of 1		Information in the shaded areas is not required by Federal law	
		3. Generator's Name and Mailing Address ALLIED SIGNAL, INC. ELECTRODYNAMICS DI VISION 11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605		6. US EPA ID Number CAT 0 0 0 6 2 4 2 1 7		A. State Manifest Document Number 87238173		B. State Generator's ID HAN 0 3 8 0 0 9 0 9	
4. Generator's Phone (818) 765-1010		7. Transporter 1 Company Name H.P. Vacuum Truck Service		8. US EPA ID Number CAT 0 0 0 6 2 4 2 1 7		C. State Transporter's ID 0 6 8 0		D. Transporter's Phone 765-393-07	
5. Transporter 2 Company Name		9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT 35251 OLD SKYLINE DRIVE KETTLEMAN CITY, CA 93239		10. US EPA ID Number CAT 0 0 0 6 4 6 1 1 7		E. State Transporter's ID		F. Transporter's Phone	
						G. State Facility's ID C1A T 0 0 0 0 1 5 1 1 1		H. Facility's Phone (800) 222-2961	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)				12. Containers		13. Total Quantity		14. Unit	
				No. Type		Wt/Vol		Waste	
a. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (FOO1) (contaminated soil)				0 0 1 9 T		00024 T		State 611 EPA/Other FOO1	
				b.				State EPA/Other	
				c.				State EPA/Other	
				d.				State EPA/Other	
J. Additional Descriptions for Materials Listed Above						K. Handling Codes for Wastes Listed Above			
PROFILE LAX H 65176 CONTAMINATED SOIL FROM SITE REMEDIATION						a. Q3			
						b.			
15. Special Handling Instructions and Additional Information									
PROFILE LAX H 65176 WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT CONTAMINATED SOIL FROM SITE REMEDIATION									
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Printed/Typed Name ROBIN OSEAS				Signature <i>Robin Oseas</i>				Month Day Year 1987 25 88	
17. Transporter 1 Acknowledgement of Receipt of Materials				18. Transporter 2 Acknowledgement of Receipt of Materials					
Printed/Typed Name RT DAVIS				Signature <i>RT Davis</i>				Month Day Year 10 25 88	
Printed/Typed Name				Signature				Month Day Year	
19. Discrepancy Indication Space									
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.									
Printed/Typed Name <i>Steve P. Davis</i>				Signature <i>Steve P. Davis</i>				Month Day Year 10 25 88	

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7650

GENERATOR

TRANSPORTER

FACILITY

R 2860-20

Please print or type. (Form designed for use with a 12-pitch typewriter).

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.

Manifest
Document No.

C A I D 0 0 8 3 1 2 5 3 3 4

0 0 0 1 3 9

3. Generator's Name and Mailing Address

ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
1100 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

5. Transporter 1 Company Name

MP Vacuum Truck Service Inc.

6. US EPA ID Number

K A T 0 0 0 0 6 2 4 2 4 7

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number

C A T 0 0 0 6 4 6 1 1 7

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

a. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (F001) (contaminated soil)

0,0,1

9T

9T

9T

9T

9T

9T

9T

9T

9T

9T

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9T

9T

J. Additional Descriptions for Materials Listed Above

PROFILE LAX H 65176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

PROFILE LAX H 65176

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

CONTAMINATED SOIL FROM SITE REMEDIATION

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

10/8/21/5/85

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

MP Vacuum Don Parton

Signature

Don Parton

Month Day Year

10/8/25/85

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

11/11/85

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

Printed/Typed Name

STEVE BLANK ET

Signature

Steve Blank

Month Day Year

12/12/85

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION 11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605		4. Generator's Phone (818) 765-1010		A. State Manifest Document Number 87238171	
5. Transporter 1 Company Name Disposal Control Services Inc.		6. US EPA ID Number CAT080034184		B. State Generator's ID CA 0136909097	
7. Transporter 2 Company Name		8. US EPA ID Number		C. State Transporter's ID 0226	
9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT 35251 OLD SKYLINE DRIVE KETTLEMAN CITY, CA 93239		10. US EPA ID Number CAT000646117		D. Transporter's Phone	
				E. State Transporter's ID	
				F. Transporter's Phone	
				G. State Facility's ID CA 0100046117	
				H. Facility's Phone 922-2264	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol
a. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (FO01) (contaminated soil)		0,01	9 T	000023	T
b.					
c.					
d.					
J. Additional Descriptions for Materials Listed Above PROFILE LAX H 65176 CONTAMINATED SOIL FROM SITE REMEDIATION		K. Handling Codes for Wastes Listed Above a. Q3 b. c. d.			
15. Special Handling Instructions and Additional Information PROFILE LAX H 65176 WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT CONTAMINATED SOIL FROM SITE REMEDIATION					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.					
Printed/Typed Name ROBIN OSEAS		Signature <i>Robin Oseas</i>		Month Day Year 10/8/88	
17. Transporter 1 Acknowledgement of Receipt of Materials		Printed/Typed Name John Wiggins		Signature <i>John Wiggins</i>	
		Signature <i>John Wiggins</i>		Month Day Year 10/8/88	
18. Transporter 2 Acknowledgement of Receipt of Materials		Printed/Typed Name		Signature	
		Signature		Month Day Year	
19. Discrepancy Indication Space					
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.					
Printed/Typed Name STEVE BRISQ RT		Signature <i>Steve Brisq</i>		Month Day Year 10/8/88	

**UNIFORM HAZARDOUS
WASTE MANIFEST**

1. Generator's US EPA ID No.

Manifest
Document No.

2. Page 1
of 1

Information in the shaded areas
is not required by Federal law.

3. Generator's Name and Mailing Address

ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

5. Transporter 1 Company Name

6. US EPA ID Number

DISPOS-1 Central Service Inc. CA TIC 80101341184

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

10. US EPA ID Number

CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers
No. Type

13. Total
Quantity

14. Unit
Wt/Vol

Waste

a. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (FO01) (contaminated soil)

001

QT

225

T

State
611751

EPA/Other
FO01

State

EPA/Other

State

EPA/Other

State

EPA/Other

State

EPA/Other

J. Additional Descriptions for Materials Listed Above

PROFILE LAX H 65176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a. 03

c.

d.

15. Special Handling Instructions and Additional Information

PROFILE LAX H 65176

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

CONTAMINATED SOIL FROM SITE REMEDIATION

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

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Printed/Typed Name

Signature

Month Day Year

ROBIN OSEAS

Robin Oseas

10/12/1984

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

DAVE THRE

Dave Thre

10/13/1984

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

NOT A '751' WASTE - CALIF Code -

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

Signature

Month Day Year

Steve Pickel

Steve Pickel

08/25/88

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

GENERATOR

TRANSPORTER

FACILITY

0282410

Instructions on the Back

Please print or type. (Form designed for use on elite (48 pin) typewriter)

UNIFORM HAZARDOUS
WASTE MANIFEST

1. Generator's US EPA ID No.

Manifest
Document No.

Page 1
of

Information in the shaded areas
is not required by Federal law.

3a. Generator's Name and Mailing Address

ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

5. Transporter 1 Company Name

818-765-1010

6. US EPA ID Number

1040751579166

7. Transporter 2 Company Name

6. US EPA ID Number

9. Designated Facility Name and Site Address

CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number

CAT00004021

A. State Manifest Document Number

88140342

B. State Generator's ID

C. State Facility's ID

D. Transporter's Phone

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

H. Facility's ID

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

No. Type Quantity Unit Waste No.

a. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
b. NA 9189 (U226/U238) (contaminated soil)

001 DT 10025 T

State

EPA/Other

State

EPA/Other

State

EPA/Other

State

EPA/Other

J. Additional Descriptions for Materials Listed Above

PROFILE LAX H 00176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a. b.

c. d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16.

GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

1/24/15/18

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Jim Lannan

Signature

Jim Lannan

Month Day Year

1/24/15/18

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

Steve Pichler

Signature

Steve Pichler

Month Day Year

1/24/15/18

Do Not Write Below This Line

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30

**UNIFORM HAZARDOUS
WASTE MANIFEST**

1. Generator's US EPA ID No.

Manifest
Document No.

2. Page 1
of 1

Information in the shaded areas
is not required by Federal law.

3. Generator's Name and Mailing Address

**ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605**

4. Generator's Phone

818 765-1010

5. Transporter 1 Company Name

8. US EPA ID Number

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

**CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239**

10. US EPA ID Number

A. State Manifest Document Number

88140343

B. State Generator's ID

C. State Transporter's ID

D. Transporter's Phone

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

H. Facility's Phone

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers
No. Type

13. Total
Quantity

14. Unit
Wt/Vol

1. Waste No.

a. **RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (U226/U228) (contaminated soil)**

0101 DIT

State

611/751

EPA/Other

U226/U228

State

EPA/Other

State

EPA/Other

State

EPA/Other

J. Additional Descriptions for Materials Listed Above

PROFILE LAX H 06176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a. **OB**

c.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16.

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

11/21/88

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

MARTY BAREFIELD

Signature

Marty Barefield

Month Day Year

11/21/88

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

Steve Picher

Signature

Steve Picher

Month Day Year

11/21/88

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

88140343

GENERATOR

TRANSPORTER

FACILITY

11/22/88

Please print or type. (Form designed for use on elite (12) typewriter)

Instructions on the B

Do Not Write Below This Line

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 D

74473-26

Please print or type. (Form designed for use on elite (12-p) typewriter)

Instructions on the Back

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No C A D 0 0 0 8 3 2 5 3 3 4		Manifest Document No 1		2. Page 1 of 1		Information in the shaded areas is not required by Federal law							
3. Generator's Name and Mailing Address ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION 11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605						A. State Manifest Document Number 88140345									
4. Generator's Phone (818) 768-1010						B. State Generator's ID 11A N 0 3 0 0 0 0 0 7									
5. Transporter 1 Company Name			6. US EPA ID Number			C. State Transporter's ID		D. Transporter's Phone							
7. Transporter 2 Company Name			8. US EPA ID Number			E. State Transporter's ID		F. Transporter's Phone							
9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT 35251 OLD SKYLINE DRIVE KETTLEMAN CITY, CA 93239						10. US EPA ID Number C A T 0 0 0 6 4 6 1 1 7		G. State Facility's ID 11A T 0 0 0 6 4 6 1 1 7							
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers		13. Total Quantity							
a. RQ, HAZARDOUS WASTE SOLID, N.O.S. , ORM-E NA 9189 (U226/U228) (contaminated soil) b. c. d.						No.		Type		Unit Wt/Vol		14. Waste No.			
						0 0 1		D T		7 2 1 2 1 5		T		State 611/751	
														EPA/Other U226/U228	
														State	
														EPA/Other	
J. Additional Descriptions for Materials Listed Above PROFILE LAX N 68176 CONTAMINATED SOIL FROM SITE REMEDIATION						K. Handling Codes for Wastes Listed Above a. 03 b. c. d.									
15. Special Handling Instructions and Additional Information WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT															
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Printed/Typed Name BORIS OSEAS					Signature <i>[Signature]</i>			Month Day Year 11/11/88							
17. Transporter 1 Acknowledgement or Receipt of Materials					18. Transporter 2 Acknowledgement or Receipt of Materials										
Printed/Typed Name <i>[Signature]</i>					Signature <i>[Signature]</i>					Month Day Year 11/21/88					
Printed/Typed Name					Signature					Month Day Year					
19. Discrepancy Indication Space															
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.															
Printed/Typed Name Steve Pickens					Signature <i>[Signature]</i>			Month Day Year 11/21/88							

84215-201

Please print or type. (Form designed for use on elite or dot-matrix typewriter).

Instructions on the back

88140346
IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. C A D 0 0 0 8 3 1 4 3 3 4		Manifest Document No. 1111111111		2. Page 1 of 1		Information in the shaded areas is not required by Federal law	
3. Generator's Name and Mailing Address ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION 11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605				A. State Manifest Document Number 88140346			
4. Generator's Phone 818 765-1010				B. State Generator's ID 1111111111			
5. Transporter 1 Company Name Chemical Waste Management		6. US EPA ID Number C A T 0 0 0 6 4 6 1 1 7		C. State Transporter's ID 1111111111		D. Transporter's Phone 822-3223	
7. Transporter 2 Company Name		8. US EPA ID Number		E. State Transporter's ID		F. Transporter's Phone	
9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT 35251 OLD SKYLINE DRIVE KETTLERMAN CITY, CA 93239				10. US EPA ID Number C A T 0 0 0 6 4 6 1 1 7		G. State Facility's ID 1111111111	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)				12. Containers		I. Waste No.	
a. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (U226/U228) (contaminated soil)				No. 001 Type DRUM Quantity 1 Unit DRUM		State 611/751 EPA/Other U226/U228	
b.						State EPA/Other	
c.						State EPA/Other	
d.						State EPA/Other	
J. Additional Descriptions for Materials Listed Above PROFILE LAX H 08176 CONTAMINATED SOIL FROM SITE REMEDIATION				K. Handling Codes for Wastes Listed Above a. 03 b. c. d.			
15. Special Handling Instructions and Additional Information WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT							
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.							
Printed/Typed Name ROBIN OSEAS				Signature <i>Robin Oseas</i>		Month Day Year 11/1/98	
17. Transporter 1 Acknowledgement of Receipt of Materials				Printed/Typed Name <i>Joe Gomez</i>		Signature <i>Joe Gomez</i>	
18. Transporter 2 Acknowledgement of Receipt of Materials				Printed/Typed Name		Signature	
19. Discrepancy Indication Space							
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.							
Printed/Typed Name <i>Stan Fisher</i>				Signature <i>Stan Fisher</i>		Month Day Year 1/21/99	

Please print or type. (Form designed for use on elite (12) typewriter).

Instructions on the Bar

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.

Manifest Document No.

Page 1 of 1

Information in the shaded areas is not required by Federal law

3. Generator's Name and Mailing Address

**ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605**

4. Generator's Phone

818 765-1010

5. Transporter 1 Company Name

6. US EPA ID Number

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

**CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLERMAN CITY, CA 93239**

10. US EPA ID Number

ICAITD000646117

A. State Manifest Document Number

88140347

B. State Generator's ID

C. State Transporter ID

D. Transporter's Phone

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

H. Facility's Phone

(800) 222-2064

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers
No. Type

13. Total Quantity

14. Unit
Wt/Vol

I. Waste No.

a. **RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (U226/U228) (contaminated soil)**

01011 DIT

U226/U228

State
611/751
EPA/ORM
U226/U228

b.

c.

d.

J. Additional Descriptions for Materials Listed Above

PROFILE LAX N 65176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a. **03**

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16.

GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

11/1/88

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

CHUCK CRUZAN

Signature

Chuck Cruzan

Month Day Year

11/21/88

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

Steve Richey

Signature

Steve Richey

Month Day Year

11/2/88

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7650

GENERATOR

TRANSPORTER

FACILITY

24216-413

***UNIFORM HAZARDOUS
WASTE MANIFEST**

1. Generator's US EPA ID No.

Manifest
Document No.

2. Page 1
of 1

Information in the shaded areas
is not required by Federal law.

3. Generator's Name and Mailing Address

**ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605**

4. Generator's Phone

918 765-1010

5. Transporter 1 Company Name

6. US EPA ID Number

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

10. US EPA ID Number

**CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239**

CAT000646117

A. State Manifest Document Number

88140348

B. State Generator's ID

MAH036003007

C. State Transporter's ID

D. Transporter's Phone

805-375-4434

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

CAT000646117

(800) 222-2964

H. Facility's Phone

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers

No.

Type

13. Total
Quantity

14. Unit
Wt/Vol

15. Waste No.

a.

**RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9180 (U226/U228) (contaminated soil)**

001

DT

1215

7

State

611/751

EPA/Other

U226/U228

EPA/Other

EPA/Other

EPA/Other

EPA/Other

EPA/Other

EPA/Other

EPA/Other

EPA/Other

EPA/Other

EPA/Other

EPA/Other

EPA/Other

EPA/Other

EPA/Other

EPA/Other

EPA/Other

EPA/Other

EPA/Other

EPA/Other

EPA/Other

EPA/Other

EPA/Other

EPA/Other

EPA/Other

EPA/Other

EPA/Other

EPA/Other

EPA/Other

EPA/Other

EPA/Other

EPA/Other

EPA/Other

EPA/Other

EPA/Other

EPA/Other

EPA/Other

EPA/Other

EPA/Other

EPA/Other

EPA/Other

EPA/Other

EPA/Other

EPA/Other

EPA/Other

EPA/Other

EPA/Other

EPA/Other

EPA/Other

EPA/Other

EPA/Other

EPA/Other

EPA/Other

EPA/Other

EPA/Other

EPA/Other

EPA/Other

EPA/Other

EPA/Other

EPA/Other

J. Additional Descriptions for Materials Listed Above

PROFILE LAX N 68176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a.

03

b.

c.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16.

GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

1/21/78

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Don Wood

Signature

Don Wood

Month Day Year

1/21/78

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

1/21/78

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

Printed/Typed Name

Steve Pichler

Signature

Steve Pichler

Month Day Year

1/21/78

Instructions on the Back

UNIFORM HAZARDOUS
WASTE MANIFEST

1. Generator's US EPA ID No.

Manifest
Document No.

2. Page 1

Information in the shaded areas
is not required by Federal law.

3. Generator's Name and Mailing Address

ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone

818 765-1010

5. Transporter 1 Company Name

US EPA ID Number

7. Transporter 2 Company Name

US EPA ID Number

9. Designated Facility Name and Site Address

CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLERMAN CITY, CA 91239

10. US EPA ID Number

CAT000646117

A. State Manifest Document Number

88140349

B. State Generator's ID

HAH026000007

C. State Transporter's ID

702630

D. Transporter's Phone

805-377-151

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

CAT000646117

H. Facility's Phone

(800) 222-2964

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers

No.

Type

13. Total Quantity

14. Unit

Wt/Vol

15. Waste No.

a. RQ, HAZARDOUS WASTE SOLID, H.O.S, ORM-E
NA 9189 (U226/U228) (contaminated soil)

0010T

011231

T

State

611/751

EPA/Other

U226/U228

State

EPA/Other

State

EPA/Other

State

EPA/Other

State

EPA/Other

State

EPA/Other

State

EPA/Other

J. Additional Descriptions for Materials Listed Above

PROFILE LAX H 65176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a.

b.

c.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16.

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

12/1/88

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

JAN L. KEGEE

Signature

Jan L. Keger

Month Day Year

12/1/88

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

Printed/Typed Name

Steve Richard

Signature

Steve Richard

Month Day Year

12/1/88

88140349
IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

**UNIFORM HAZARDOUS
WASTE MANIFEST**

1. Generator's US EPA ID No.

Manifest
Document No.

2. Page 1
of

Information in the shaded areas
is not required by Federal law

3. Generator's Name and Mailing Address

ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION

4. **11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605**

5. **212 765-1010**

6. US EPA ID Number

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

10. US EPA ID Number

CHEMICAL WASTE MANAGEMENT

35251 OLD SKYLINE DRIVE

KETTLEMAN CITY, CA 93239

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers

13. Total
Quantity

14. Unit
Wt/Vol

15. Waste No.

a. **RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (U226/U228) (contaminated soil)**

b. **001 DT 14 T**

State

CA 611/751

U226/U228

EPA/Other

State

EPA/Other

State

EPA/Other

J. Additional Descriptions for Materials Listed Above

PROFILE LAX R 60170

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a.

b.

c.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16.

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

1/12/15

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Rob Oseas

Signature

Rob Oseas

Month Day Year

1/12/15

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

Printed/Typed Name

Rob Oseas

Signature

Rob Oseas

Month Day Year

1/12/15

Do Not Write Below This Line

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30

Please print or type. (Form designed for use on elite (12 typewriter))

Instructions on the Back

UNIFORM HAZARDOUS
WASTE MANIFEST

1. Generator's US EPA ID No.

Manifest
Document No.

2. Page 1

Information in the shaded areas
is not required by Federal law.

3. Generator's Name and Mailing Address

ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

5. Transporter 1 Company Name

6. US EPA ID Number

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

10. US EPA ID Number

CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

A. State Manifest Document Number

88140351

B. State Generator's ID

C. State Transporter's ID

D. Transporter's Phone

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

H. Facility's Phone

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers

No.

Type

13. Total Quantity

14. Unit Wt/Vol

15. Waste No.

a. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (U226/U228) (contaminated soil)

001

DT

61021412

T

State

611/751

EPA/Other

U226/U228

State

EPA/Other

State

EPA/Other

State

EPA/Other

J. Additional Descriptions for Materials Listed Above

PROFILE LAX H 65176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a. 03

c.

b.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16.

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

12/17/88

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

JERRY BAREFIELD

Signature

Jerry Barefield

Month Day Year

12/17/88

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

Printed/Typed Name

Steve Pickens

Signature

Steve Pickens

Month Day Year

12/18/88

88140351
IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

GENERATOR

TRANSPORTER

FACILITY

00016-28

Instructions on the Back

UNIFORM HAZARDOUS
WASTE MANIFEST

1. Generator's US EPA ID No.

Manifest
Document No.

2. Page 1
of 1

Information in the shaded areas
is not required by Federal law

3. Generator's Name and Mailing Address

ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

5. Transporter 1 Company Name

6. US EPA ID Number

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

10. US EPA ID Number

CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

ICAT101010161461117

A. State Manifest Document Number

88140353

B. State Generator's ID

MAN036009097

C. State Transporter's ID 904120 104121

D. Transporter's Phone 805-321-6504

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

CAT0006461117

H. Facility's Phone

(800) 222-2964

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers
No. Type

13. Total
Quantity

14. Unit
Wt/Vol

15. Waste No.

a. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (U226/U228) (contaminated soil)

01011 DIT 9041212 T

State

611/751

EPA/Other

U226/U228

State

EPA/Other

State

EPA/Other

State

EPA/Other

J. Additional Descriptions for Materials Listed Above

PROFILE LAX N 88176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a.

03

b.

c.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16.

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

12/1/88

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

MARTY BAREFIELD

Signature

Marty Barefield

Month Day Year

12/1/88

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

Steve Pichu

Signature

Steve Pichu

Month Day Year

12/1/88

88140353
IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESCUE CENTER 1-800-424-8802. WITHIN CALIFORNIA CALL 1-800-852-7550

Instructions on the Back

UNIFORM HAZARDOUS
WASTE MANIFEST

1. Generator's US EPA ID No.

Manifest
Document No.

Page 1
of

Information in the shaded areas
is not required by Federal law

3. Generator's Name and Mailing Address

ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY., N. HOLLYWOOD, CA 91605

4. Generator's Phone

818 765-1010

5. Transporter 1 Company Name

6

US EPA ID Number

7. Transporter 2 Company Name

8

US EPA ID Number

9. Designated Facility Name and Site Address

10

US EPA ID Number

CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

C A T O 0 0 6 4 6 1 1 7

A. State Manifest Document Number

88140354

B. State Generator's ID

C. State Transporter's ID

D. Transporter's Phone

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

H. Facility's Phone

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers

No.

Type

13. Total

Quantity

14. Unit

Wt./Vol

15. Waste No.

a. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA9189 (U226/U228) (contaminated soil)

Q Q 1 Q T J C L I S T

State

EPA/Other 611/751

U226/U228

EPA/Other

State

EPA/Other

State

EPA/Other

J. Additional Descriptions for Materials Listed Above

PROFILE LAX N 65176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a.

03

b.

c.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16.

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

1/11/1988

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Jim Danvers

Signature

Jim Danvers

Month Day Year

1/12/1988

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19

Printed/Typed Name

RICK A. SENIFF

Signature

Rick A. Seniff

Month Day Year

1/12/1988

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-862-7550

88140354

GENERATOR

TRANSPORTER

FACILITY

R4215-11

Instructions on the Back

UNIFORM HAZARDOUS
WASTE MANIFEST

Generator's US EPA ID No.

Manifest
Document No.

2. Page 1
of 1

Information in the shaded areas
is not required by Federal law

3. Generator's Name and Mailing Address

ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone

818 765-1010

5. Transporter 1 Company Name

6

US EPA ID Number

7. Transporter 2 Company Name

8

US EPA ID Number

9. Designated Facility Name and Site Address

10

US EPA ID Number

CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

A. State Manifest Document Number

88140355

B. State Generator's ID

HA 1013161010101017

C. State Transporter's ID

Y056511

D. Transporter's Phone

845 466 3400

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

CA 1010101010101017

H. Facility's Phone

(800) 222-2964

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers

No.

Type

13. Total
Quantity

14. Unit
Wt/Vol

L
Waste No.

a.

RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (U226/U228) (contaminated soil)

001 RT 44-111 Y

State

611/781

EPA/Other

U226/U228

b.

State

EPA/Other

c.

State

EPA/Other

d.

State

EPA/Other

J. Additional Descriptions for Materials Listed Above

PROFILE LAX N 65176

COTNTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a.

03

b.

c.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16.

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

11-1-1988

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

FRANK BISHOP

Signature

Frank Bishop

Month Day Year

11-1-1988

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

Printed/Typed Name

Steve Pihl

Signature

Steve Pihl

Month Day Year

11-2-1988

88140355

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

GENERATOR

TRANSPORTER

FACILITY

UNIFORM HAZARDOUS
WASTE MANIFEST

1. Generator's US EPA ID No.

Manifest
Document No.

Page 1
of

Information in the shaded areas
is not required by Federal law.

3. Generator's Name and Mailing Address

ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91606

4. Generator's Phone

818 765-1010

5. Transporter 1 Company Name

6. US EPA ID Number

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number

A. State Manifest Document Number

88140356

B. State Generator's ID

C. State Transporter's ID

D. Transporter's Phone

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

H. Facility's Phone

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers
No. Type

13. Total
Quantity

14. Unit
Wt/Vol

I. Waste No.

a.

RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (U226/U228) (contaminated soil)

0101 DIT

121314

T

State

EPA/Other

U226/U228

b.

c.

d.

J. Additional Descriptions for Materials Listed Above

PROFILE LAX N 65176
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a. 03

b.

c.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16.

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

12/1/88

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Signature

Signature

Month Day Year

12/2/88

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

Steve Richard

Signature

Steve Richard

Month Day Year

12/20/88

Do Not Write Below This Line

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8902; WITHIN CALIFORNIA CALL 1-800-852-7550

88140355

GENERATOR

TRANSPORTER

FACILITY

**UNIFORM HAZARDOUS
WASTE MANIFEST**

1. Generator's US EPA ID No.

CAD0008328334

Manifest
Document No.

Page 1

of 1

Information in the shaded areas
is not required by Federal law.

3. Generator's Name and Mailing Address

**ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91608**

4. Generator's Phone (818) 765-1010

5. Transporter 1 Company Name

6. US EPA ID Number

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

**CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239**

10. US EPA ID Number

A. State Manifest Document Number

88140357

B. State Generator's ID

MAN030009097

C. State Transporter's ID

703680

D. Transporter's Phone (805) 373-1151

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

CAT000046117

H. Facility's Phone

(800) 222-2964

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

**RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (U226/U228) (contaminated soil)**

12. Containers
No. Type

091 DT

13. Total
Quantity

09123 T

14. Unit
Wt/Vol

T

I. Waste No.

State **611/751**

EPA/Other **U226/U228**

State

EPA/Other

State

EPA/Other

State

EPA/Other

J. Additional Descriptions for Materials Listed Above

PROFILE LAX H 65176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a. **03**

c.

b.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16.

GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

11-11-88

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

JAN D. ALGEE

Signature

Jan D. Algee

Month Day Year

11-15-88

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

Printed/Typed Name

Steve Pickens

Signature

Steve Pickens

Month Day Year

1/2/2018

Please print or type. (Form designed for use on elite or pitch typewriter).

Instructions on the back

**UNIFORM HAZARDOUS
WASTE MANIFEST**

Generator's US EPA ID No.

Manifest
Document No.

2. Page 1
of 1

Information in the shaded areas
is not required by Federal law

3. Generator's Name and Mailing Address

**ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605**

4. Generator's Phone

818 765-1010

5. Transporter 1 Company Name

6. US EPA ID Number

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

10. US EPA ID Number

**CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239**

CAT0000646117

A. State Manifest Document Number

88140358

B. State Generator's ID

C. State Transporter's ID

D. Transporter's Phone

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

H. Facility's Phone

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers
No. Type Quantity Unit
Wt/Vol

a. **RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (U226/U228) (contaminated soil)**

0101 DIT old day T

State

EPA/Other **811/781**

13226/U228

EPA/Other

State

EPA/Other

State

EPA/Other

J. Additional Descriptions for Materials Listed Above

PROFILE LAX H 05176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a.

03

c.

b.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

12/1/88

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Ralph W. For Long

Signature

Ralph W. For Long

Month Day Year

1/13/1987

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

Printed/Typed Name

Steve Pickens

Signature

Steve Pickens

Month Day Year

12/20/88

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7650

88140358

GENERATOR

TRANSPORTER

FACILITY

Instructions on the B

UNIFORM HAZARDOUS
WASTE MANIFEST

1. Generator's US EPA ID No.

C A D 0 0 8 3 2 5 3 3 4

Manifest
Document No.

121312

Page 1

of 1

Information in the shaded areas
is not required by Federal law

3. Generator's Name and Mailing Address

ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

5. Transporter 1 Company Name

6. US EPA ID Number

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number

C A T 0 0 6 4 6 1 1 7

A. State Manifest Document Number

88140359

B. State Generator's ID

N A H 0 3 6 0 0 9 0 9 7

C. State Transporter's ID

D. Transporter's Phone (905) 323-6304

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

C A T 0 0 6 4 6 1 1 7

H. Facility's Phone

(800) 222-2864

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers

No.

Type

13. Total
Quantity

14. Unit
Wt./Vol

1. Waste No.

a. RQ, HAZARDOUS WASTE SOLID, H.O.S., ORM-E
NA9189 (U226/U228) (contaminated soil)

0 0 1

D T

4 2 1 1 2

T

State

611/781

EPA/Other

U226/U228

State

EPA/Other

State

EPA/Other

State

EPA/Other

J. Additional Descriptions for Materials Listed Above

PROFILE LAX H 68176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a. 03

b.

c.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16.

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

1/2/88

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

JEFF PAREFIELD

Signature

Jeff Parefield

Month Day Year

1/3/88

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

Steve Piche

Signature

Steve Piche

Month Day Year

1/2/88

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802, WITHIN CALIFORNIA CALL 1-800-852-7650

88140359

GENERATOR

TRANSPORTER

FACILITY

1/2/88

CENTER 1-800-424-8802. WITHIN CALIFORNIA CALL 1-800-852-7550

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL REL

UNIFORM HAZARDOUS WASTE MANIFEST		Generator's US EPA ID No.		Manifest Document No.		Page 1 of 1		Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION 11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605				6. US EPA ID Number CA D 0 0 8 3 2 5 3 3 4		A. State Manifest Document Number 88140360		B. State Generator's ID CA 0 0 3 8 9 0 2 9 0 7	
4. Generator's Phone 818 765-1010				7. Transporter 1 Company Name Chemical Waste Management		C. State Transporter's ID 0000000000000000		D. Transporter's Phone 805-313-6244	
5. Transporter 1 Company Name				8. US EPA ID Number		E. State Transporter's ID		F. Transporter's Phone	
9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT 35251 OLD SKYLINE DRIVE KETTLEMAN CITY, CA 93239				10. US EPA ID Number CA T 0 0 0 6 4 6 1 1 7		G. State Facility's ID CA T 0 0 0 6 4 6 1 1 7		H. Facility's Phone (800) 222-2964	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)				12. Containers No. Type		13. Total Quantity		14. Unit Wt/Vol	
a. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA9189 (U226/U228) (contaminated soil)				01011 DIT		1		State 611/751 EPA/Other U226/U228	
b.								State EPA/Other	
c.								State EPA/Other	
d.								State EPA/Other	
J. Additional Descriptions for Materials Listed Above PROFILE LAX H 65176 CONTAMINATED SOIL FROM SITE REMEDIATION						K. Handling Codes for Wastes Listed Above a. 03 b. c. d.			
15. Special Handling Instructions and Additional Information WEAR APPROPRIATE PERSONAL PROTECTEDIVE EQUIPMENT									
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.									
Printed/Typed Name ROBIN OSEAS				Signature <i>Robin Oseas</i>		Month Day Year 1/22/88			
17. Transporter 1 Acknowledgement of Receipt of Materials									
Printed/Typed Name MARTIN PAREKLO				Signature <i>Martin Pareklo</i>		Month Day Year 1/22/88			
18. Transporter 2 Acknowledgement of Receipt of Materials									
Printed/Typed Name				Signature		Month Day Year			
19. Discrepancy Indication Space									
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.									
Printed/Typed Name Steve Pichon				Signature <i>Steve Pichon</i>		Month Day Year 1/22/88			

Instructions on the Sack

UNIFORM HAZARDOUS WASTE MANIFEST		Generator's US EPA ID No. CAD008325334		Manifest Document No. 1387		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.					
3. Generator's Name and Mailing Address ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION 11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605						A. State Manifest Document Number 88140361							
4. Generator's Phone (818) 765-1010						B. State Generator's ID HA0036009097							
5. Transporter 1 Company Name <i>B. ...</i>			6. US EPA ID Number KIA018115V4D46			C. State Transporter's ID 704122, 704123							
7. Transporter 2 Company Name			8. US EPA ID Number			D. Transporter's Phone 805-323-6904							
9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT 35251 OLD SKYLINE DRIVE KETTLEMAN CITY, CA 93239						E. State Facility's ID CAIT000646117							
10. US EPA ID Number CAIT000646117						F. Facility's Phone (800) 222-2964							
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers		13. Total Quantity		14. Unit		15. Waste No.	
						No. Type		Quantity		Wt/Vol			
a. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (U226/U228) (contaminated soil) b. c. d.						0, 0, 1 D, T 		1, 2, 4, 5 		T 		State 611/761 EPA/Other U226/U228 State EPA/Other State EPA/Other State EPA/Other	
J. Additional Descriptions for Materials Listed Above						K. Handling Codes for Wastes Listed Above							
PROFILE LAX H 00176 CONTAMINATED SOIL FROM SITE REMEDIATION						a. 03		b.					
						c.		d.					
16. Special Handling Instructions and Additional Information WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT													
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.													
Printed/Typed Name ROBIN OSEAS					Signature <i>Robin Oseas</i>			Month Day Year 11-2-1997					
17. Transporter 1 Acknowledgement of Receipt of Materials													
Printed/Typed Name JIM DIAMANA					Signature <i>Jim Diamana</i>			Month Day Year 11-2-1997					
18. Transporter 2 Acknowledgement of Receipt of Materials													
Printed/Typed Name					Signature			Month Day Year					
19. Discrepancy Indication Space													
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.													
Printed/Typed Name <i>Stan P. ...</i>					Signature <i>Stan P. ...</i>			Month Day Year 12-3-98					

Please print or type. (Form designed for use on elite or similar typewriter).

Instructions on the back

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of	Information in the shaded areas is not required by Federal law
3. Generator's Name and Mailing Address ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION 11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605		CIA D 0 0 8 3 2 5 3 3 4		A. State Manifest Document Number 88140362	
4. Generator's Phone 818 765-1010		5. Transporter 1 Company Name McClure Transport		B. State Generator's ID HA 0 2 6 0 0 0 0 0 7	
6. US EPA ID Number		7. Transporter 2 Company Name		C. State Transporter's ID HA 0 2 6 0 0 0 0 0 7	
8. US EPA ID Number		8. US EPA ID Number		D. Transporter's Phone 805-727-1151	
9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT 35251 OLD SKYLINE DRIVE KETTLEMAN CITY, CA 93239		10. US EPA ID Number ICAT 0 0 0 6 4 6 1 1 7		E. State Transporter's ID	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers		F. Transporter's Phone	
a. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORN-E NA 9189 (U226/U228) (contaminated soil)		No. Type		G. State Facility's ID CA T 0 0 0 6 4 6 1 1 7	
b.		0 0 1 0 T		H. Facility's Phone (800) 222-2964	
c.				13. Total Quantity	
d.				Unit Wt./Vol	
J. Additional Descriptions for Materials Listed Above PROFILE LAX N 69176 CONTAMINATED SOIL FROM SITE REMEDIATION		I. Waste No.		State 811/751	
				EPA/Other U226/U228	
				EPA/Other	
				State	
				EPA/Other	
				State	
				EPA/Other	
K. Handling Codes for Wastes Listed Above		a.		b.	
		03			
15. Special Handling Instructions and Additional Information WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT		c.		1.	
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17. Transporter 1 Acknowledgement of Receipt of Materials		Printed/Typed Name Robert R Costa		Signature <i>Robert R Costa</i>	
18. Transporter 2 Acknowledgement of Receipt of Materials		Printed/Typed Name		Signature	
19. Discrepancy Indication Space		Printed/Typed Name		Signature	
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19		Printed/Typed Name <i>Judy Crawford</i>		Signature <i>Judy Crawford</i>	

R4253-03

**UNIFORM HAZARDOUS
WASTE MANIFEST**

1. Generator's US EPA ID No.

Manifest
Document No.

Page 1
of 1

Information in the shaded areas
is not required by Federal law

3. Generator's Name and Mailing Address

**ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605**

4. Generator's Phone (818) 765-1010

5. Transporter 1 Company Name

6. US EPA ID Number

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

**CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239**

10. US EPA ID Number

A. State Manifest Document Number

88140363

B. State Generator's ID

C. State Transporter's ID

D. Transporter's Phone

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

H. Facility's Phone

GAT000640117

(800) 222-2964

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers
No. Type

13. Total
Quantity

14. Unit
Wt/Vol

15. Waste No.

a. **RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (U226/U228) (contaminated soil)**

9914T 2/45 T

State
611/781

EPA/Other
U226/U228

State

EPA/Other

State

EPA/Other

State

EPA/Other

J. Additional Descriptions for Materials Listed Above

PROFILE LAX-H 05176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a. **03**

c.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

1/22/88

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Jerry Slane

Signature

Jerry Slane

Month Day Year

1/23/88

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

FACILITY

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 18.

Printed/Typed Name

Judy Crawford

Signature

Judy Crawford

Month Day Year

1/22/88

Do Not Write Below This Line

Yellow: TSDf SENDS THIS COPY TO GENERATOR WITHIN 30 D

R-4251-09

0014U303
GENERATOR
IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL FIRE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

Instructions on the Back

Print or type. (Form designed for use on elite (12 pin) typewriter)

**UNIFORM HAZARDOUS
WASTE MANIFEST**

1. Generator's US EPA ID No.

Manifest
Document No.

2. Page 1

Information in the shaded areas
is not required by Federal law.

3. Generator's Name and Mailing Address

**ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605**

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number

88140364

B. State Generator's ID

NAH01360090971

C. State Transporter's ID

202656

D. Transporter's Phone (818) 765-1151

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

CAT000646117

H. Facility's Phone

(800) 722-2964

5. Transporter 1 Company Name

6. US EPA ID Number

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

**CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239**

10. US EPA ID Number

CAT000646117

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers
No. Type

13. Total
Quantity

14. Unit
Wt/Vol

1. Waste No.

**RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (U226/U228) (contaminated soil)**

001 D T

10101214

T

State
611/751

EPA/Other
U226/U228

State

EPA/Other

State

EPA/Other

State

EPA/Other

J. Additional Descriptions for Materials Listed Above

PROFILE LAX N 05176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a.

b.

c.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16.

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

11/21/88

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Theresa L. Jones

Signature

Theresa L. Jones

Month Day Year

11/21/88

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

Lady Crawford

Signature

Lady Crawford

Month Day Year

11/21/88

Do Not Write Below This Line

Yellow: TSDf SENDS THIS COPY TO GENERATOR WITHIN 30

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

GENERATOR

TRANSPORTER

FACILITY

**UNIFORM HAZARDOUS
WASTE MANIFEST**

1. Generator's US EPA ID No.

CIA D 01018325334

Manifest
Document No.

Page 1
of 1

Information in the shaded areas
is not required by Federal law.

3. Generator's Name and Mailing Address

ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone

818 765-1010

5. Transporter 1 Company Name

MP Vacuum Truck

6.

US EPA ID Number

CA 70000624247

7. Transporter 2 Company Name

8.

US EPA ID Number

9. Designated Facility Name and Site Address

CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10.

US EPA ID Number

CA T 0006461117

A. State Manifest Document Number

88140365

B. State Generator's ID

CA IN 036009097

C. State Transporter's ID

91658

D. Transporter's Phone

845-373-1151

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

CA T 0006461117

H. Facility's Phone

(800) 222-2964

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

a. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (U226/U228) (contaminated soil)

12. Containers

No.

Type

13. Total Quantity

14. Unit Wt/Vol

I. Waste No.

01011

DIT

15

Y

State 611/751

EPA/Other U226/U228

State

EPA/Other

State

EPA/Other

State

EPA/Other

J. Additional Descriptions for Materials Listed Above

PROFILE LAX N 68176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a.

03

b.

c.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16.

GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

1-1-88

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

GERALD FOUTCH

Signature

Gerald Foutch

Month Day Year

12-2-88

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

Steve Palmer

Signature

Steve Palmer

Month Day Year

12-2-88

88140365
IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

Please print or type. (Form designed for use on elite (4) typewriter)

Instructions on the Back

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.

Manifest Document No.

Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address

**ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91606**

4. Generator's Phone (818) 765-1010

5. Transporter 1 Company Name

6. US EPA ID Number

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

**CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLERMAN CITY, CA 93239**

10. US EPA ID Number

A. State Manifest Document Number

88140366

B. State Generator's ID

C. State Transporter's ID

D. Transporter's Phone

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

H. Facility's Phone

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers
No. Type

13. Total Quantity

14. Unit
Wt/Vol

I. Waste No.

a. **RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (U226/U228) (contaminated soil)**

0101 DIT

State

EPA/Other

State

EPA/Other

State

EPA/Other

State

EPA/Other

J. Additional Descriptions for Materials Listed Above

PROFILE LAX N 65176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a. **CB**

c.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16.

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Printed/Typed Name

Signature

Month Day Year

ROBIN OSEAS

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

Printed/Typed Name

Signature

Month Day Year

Steve Pichler

St Pichler

11/22/88

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL HES, USE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

Please print or type. (Form designed for use on elite 12 pin typewriter)

Instructions on the Form

2. Page 1
 of 1
 Information in the shaded areas
 is not required by Federal law

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.
 C A D 0 0 0 8 3 2 6 3 3 4

Manifest
 Document No.
 001570

3. Generator's Name and Mailing Address

ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
 11600 SHERMAN WAY, N. HOLLYWOOD, CA 91606
 4. Generator's Phone (818 765-1010

A. State Manifest Document Number

88140367

B. State Generator's ID

H A N 0 3 6 0 0 9 0 9 7

5. Transporter 1 Company Name

6. US EPA ID Number

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

CHEMICAL WASTE MANAGEMENT
 35251 OLD SKYLINE DRIVE
 KETTLEMAN CITY, CA 93239

10. US EPA ID Number

C A T 0 0 0 6 4 6 1 1 7

G. State Facility's ID

C A T 0 0 0 6 4 6 1 1 7

H. Facility's Phone

(800) 222-2964

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers
 No. Type

13. Total
 Quantity

14. Unit
 Wt/Vol

1. Waste No.

a. RQ, HAZARDOUS WASTE SOLID, NOS, ORM-E
 NA 9189 (U226/U228) (contaminated soil)

01011

01T

1

1

1

1

1

1

1

1

1

1

State

611/751

EPA/Other

U226/U228

State

EPA/Other

State

EPA/Other

State

EPA/Other

J. Additional Descriptions for Materials Listed Above

PROFILE LAX H 68176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a. 03

b.

c.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16.

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

11/22/88

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

RT DAVIS

Signature

RT Davis

Month Day Year

11/22/88

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

11/22/88

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

Steve Pickel

Signature

Steve Pickel

Month Day Year

11/22/88

0014U301
 CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

24153-6

**UNIFORM HAZARDOUS
WASTE MANIFEST**

1. Generator's US EPA ID No.

Manifest
Document No.

2. Page 1
of

Information in the shaded areas
is not required by Federal law.

3. Generator's Name and Mailing Address

**ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605**

4. Generator's Phone

818 765-1010

5. Transporter 1 Company Name

6. US EPA ID Number

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

10. US EPA ID Number

**CHEMICAL WASTE MANAGEMENT
35261 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239**

CAT000646117

A. State Manifest Document Number

88140368

B. State Generator's ID

C. State Transporter's ID

D. Transporter's Phone

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

H. Facility's Phone

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers
No. Type

13. Total
Quantity

14. Unit
Wt/Vol

15. Waste No.

a. **RQ, HAZARDOUS WASTE SOLID, N.O.S., ORN-E
NA 9189 (U226/U228) (contaminated soil)**

Q Q 1 0 T 1 1 2 1 5 T

State

EPA/Other

611/781

U226/U228

EPA/Other

State

EPA/Other

State

EPA/Other

J. Additional Descriptions for Materials Listed Above

PROFILE LAX H 05176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a. **03**

c.

d.

16. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

18.

GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

11-1-1988

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

GERALD FOUTCH

Signature

Gerald Foutch

Month Day Year

11/12/1988

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

Steve Pickard

Signature

Steve Pickard

Month Day Year

1/22/88

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

Instructions on the Back

UNIFORM HAZARDOUS
WASTE MANIFEST

1. Generator's US EPA ID No.

C A D 0 0 8 3 2 5 3 3 4

Manifest
Document No.

2. Page 1
of 1

Information in the shaded areas
is not required by Federal law

3. Generator's Name and Mailing Address

ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818 765-1010

A. State Manifest Document Number

88140369

B. State Generator's ID

H A H Q 3 6 0 0 9 0 9 7

5. Transporter 1 Company Name

6. US EPA ID Number

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number

C A T 0 0 0 6 4 6 1 1 7

G. State Facility's ID

C A T 0 0 0 6 4 6 1 1 7

H. Facility's Phone

(800) 222-2964

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers
No. Type

13. Total
Quantity

14. Unit
Wt/Vol

1. Waste No.

a. RQ, HAZARDOUS WASTE SOLID, H.O.S., ORM-E
NA 9189 (U226/U228) (contaminated soil)

0, 0, 1 D, T

6 P, 2, 1, 2

T

State
611/761

EPA/Other
U226/U228

b.

c.

d.

J. Additional Descriptions for Materials Listed Above

PROFILE LAX H 66176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a. 03

b.

c.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16.

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

11-11-88

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Jerry Stane

Signature

Jerry Stane

Month Day Year

11-11-88

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

Steve Pickel

Signature

Steve Pickel

Month Day Year

11-23-88

Do Not Write Below This Line

Yellow: TSDf SENDS THIS COPY TO GENERATOR WITHIN 30

29164-32

**UNIFORM HAZARDOUS
WASTE MANIFEST**

1. Generator's US EPA ID No.

Manifest
Document No.

2. Page 1
of 1

Information in the shaded areas
is not required by Federal law

3. Generator's Name and Mailing Address

**ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605**

4. Generator Phone

818 765-1010

5. Transporter 1 Company Name

McPherson & Co.

6. US EPA ID Number

ICAT10000646117

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

**CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLERMAN CITY, CA 93239**

10. US EPA ID Number

ICAT10000646117

A. State Manifest Document Number

88140370

B. State Generator's ID

C. State Transporter's ID

D. Transporter's Phone

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

ICAT10000646117

H. Facility's Phone

(800) 222-2264

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

**a. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (U226/U228) (contaminated soil)**

12. Containers

No. Type

0 0 1 5 T

13. Total Quantity

Unit

T

14. Waste No.

State

011/781

EPA/Other

U226/U228

State

EPA/Other

State

EPA/Other

State

EPA/Other

State

EPA/Other

State

EPA/Other

J. Additional Descriptions for Materials Listed Above

**PROFILE LAX H 08176
CONTAMINATED SOIL FROM SITE REMEDIATION**

K. Handling Codes for Wastes Listed Above

a. **03** b.

c. d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16.

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

1/12/81

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Robert L. Long

Signature

Robert L. Long

Month Day Year

1/12/81

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

Steve Picknell

Signature

Steve Picknell

Month Day Year

1/22/81

88140370
IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

GENERATOR

TRANSPORTER

FACILITY

Instructions on the Back

UNIFORM HAZARDOUS
WASTE MANIFEST

1. Generator's US EPA ID No.

CAD0083125334

Manifest Document No.

1214

Page 1

of 1

Information in the shaded areas
is not required by Federal law

3. Generator's Name and Mailing Address

ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

5. Transporter 1 Company Name

6. US EPA ID Number

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number

10AT0000840117

A. State Manifest Document Number

88140371

B. State Generator's ID

MAN0360090971

C. State Transporter's ID

712810

D. Transporter's Phone (805) 393-4371

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

0AT0000840117

H. Facility's Phone (800) 222-2964

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

a. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (U226/U228) (contaminated soil)

12. Containers
No. Type

991QT

13. Total
Quantity

991QT

14. Unit
Wt/Vol

Y

I. Waste No.

State 611/751

EPA/Other

State

EPA/Other

State

EPA/Other

State

EPA/Other

J. Additional Descriptions for Materials Listed Above

RPROFILE LAX H 65176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a. 03

c.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

11-1-88

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

William R Chapman

Signature

William R Chapman

Month Day Year

11/2/88

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

Printed/Typed Name

Steve Palmer

Signature

Steve Palmer

Month Day Year

11/23/88

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

88140371

01/14/89

Instructions on the B

UNIFORM HAZARDOUS
WASTE MANIFEST

1. Generator's US EPA ID No.

Manifest -
Document No.

Page 1

Information in the shaded areas
is not required by Federal law.

3. Generator's Name and Mailing Address

ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

5. Transporter 1 Company Name

6. US EPA ID Number

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

10. US EPA ID Number

CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTMAN CITY, CA 93239

A. State Manifest Document Number

88140372

B. State Generator's ID

C. State Transporter's ID

D. Transporter's Phone (805) 323-6104

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

H. Facility's Phone (800) 222-2964

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

No.

Type

13. Total
Quantity

14. Unit
Wt/Vol

1. Waste No.

a. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (U226/U238) (contaminated soil)

0101

DT

1

T

State

EPA/Other

State

EPA/Other

State

EPA/Other

State

EPA/Other

J. Additional Descriptions for Materials Listed Above

PROFILE LAX N 65176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a.

03

b.

c.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16.

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

11/22/88

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

MARTY BAREFIELD

Signature

Marty Barefield

Month Day Year

11/22/88

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

Printed/Typed Name

Steve Pickner

Signature

Steve Pickner

Month Day Year

11/22/88

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESP. CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

Instructions on the Back

**UNIFORM HAZARDOUS
WASTE MANIFEST**

1. Generator's US EPA ID No.

C A D 0 0 8 3 2 6 3 3

Manifest
Document No.

2. Page 1
of 1

Information in the shaded areas
is not required by Federal law

3. Generator's Name and Mailing Address

**ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605**

4. Generator's Phone (818 765-1010

A. State Manifest Document Number

88140373

B. State Generator's ID

NAHQ36000097

5. Transporter 1 Company Name

6. US EPA ID Number

CA 000 8 3 2 6 3 3

C. State Transporter's ID

901124 9-1125

D. Transporter's Phone

805-223-6904

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address

**CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239**

10. US EPA ID Number

G. State Facility's ID

CA 10000046117

H. Facility's Phone

(800) 222-2964

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

**RQ, HAZARDOUS WASTE SOLID, H.O.S., ORM-E
NA 9189 (U226/U228) (contaminated soil)**

12. Containers
No. Type

0 0 1 D T

13. Total
Quantity

901253

14. Unit
Wt/Vol

T

I. Waste No.

State

611/751

EPA/Other

U226/U228

State

EPA/Other

State

EPA/Other

State

EPA/Other

State

EPA/Other

J. Additional Descriptions for Materials Listed Above

PROFILE LAX H 65176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a. OB

c.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16.

GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

12-27-88

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

JERRY BARFIELD

Signature

Jerry Barfield

Month Day Year

12-23-88

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

Steve Pickel

Signature

Steve Pickel

Month Day Year

12-23-88

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.	Manifest Document No.	Page 1 of	Information in the shaded areas is not required by Federal law
3. Generator's Name and Mailing Address ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION 11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605		A. State Manifest Document Number 88140374		B. State Generator's ID 1111111111111111	
4. Generator's Phone 818 765-1010		C. State Transporter's ID 909697		D. Transporter's Phone 805-416-3440	
5. Transporter 1 Company Name Frank Bishop Trucking		8. US EPA ID Number 10K12181112181216		E. State Transporter's ID	
7. Transporter 2 Company Name		8. US EPA ID Number		F. Transporter's Phone	
9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT 35251 OLD SKYLINE DRIVE KETTLEMAN CITY, CA 93239		10. US EPA ID Number 1CAT000040111		G. State Facility's ID 1CAT000040111	
H. Facility's Phone (800) 222-2964		12. Containers		13. Total Quantity	14. Unit Wt/Vol
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		No.	Type		1. Waste No.
a. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (U226/U228) (contaminated soil)		001	DT	2021/15	T
b.					
c.					
d.					
J. Additional Descriptions for Materials Listed Above PROFILE LAX N 88176 CONTAMINATED SOIL FROM SITE REMEDIATION		K. Handling Codes for Wastes Listed Above			
		a. 03		b.	
		c.		d.	
15. Special Handling Instructions and Additional Information WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.					
Printed/Typed Name ROBIN OSEAS		Signature <i>Robin Oseas</i>		Month Day Year 11/22/88	
17. Transporter 1 Acknowledgement of Receipt of Materials		Printed/Typed Name FRANK BISHOP		Signature <i>Frank Bishop</i>	
18. Transporter 2 Acknowledgement of Receipt of Materials		Printed/Typed Name		Signature	
19. Discrepancy Indication Space					
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.					
Printed/Typed Name RICKA SENIFF		Signature <i>Rich A. Seniff</i>		Month Day Year 11/22/88	

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

88140374

11/22/88

Please print or type. (Form designed for use on elite (P) high typewriter).

Instructions on the B

00143310
IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL HESRC CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. CIA/D/O/O/0/8/3/2/5/3/3/4		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION 11600 SHERMAN WAY, N. HOLLYWOOD, CA 91606 818 765-1010				A. State Manifest Document Number 88140375			
5. Transporter 1 Company Name Don Wetzel				6. US EPA ID Number EPA/970903418V		C. State Transporter's ID 970226	
7. Transporter 2 Company Name				8. US EPA ID Number		D. Transporter's Phone 714 277 7773	
9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT 35251 OLD SKYLINE DRIVE KETTLEMAN CITY, CA 93239				10. US EPA ID Number CIA/T/O/O/0/6/4/6/1/1/7		E. State Facility's ID CIA/T/O/O/0/6/4/6/1/1/7	
						F. Facility's Phone (800) 222-2964	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)				12. Containers No. Type		13. Total Quantity	
a. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA9189 (U226/U228) (contaminated soil)				0 0 1 D T		T	
b.						State 611/781	
c.						EPA/Other U226/U228	
d.						State	
						EPA/Other	
J. Additional Descriptions for Materials Listed Above PROFILE LAX R 66176 CONTAMINATED SOIL FROM SITE REMEDIATION				K. Handling Codes for Wastes Listed Above a. 03 b. c. d.			
15. Special Handling Instructions and Additional Information WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT							
18. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable International and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.							
Printed/Typed Name ROBIN OSEAS				Signature <i>Robin Oseas</i>		Month Day Year 11/22/88	
17. Transporter 1 Acknowledgement of Receipt of Materials				Printed/Typed Name Don Wetzel		Signature <i>Don Wetzel</i>	
						Month Day Year 11/27/88	
18. Transporter 2 Acknowledgement of Receipt of Materials				Printed/Typed Name		Signature	
						Month Day Year	
19. Discrepancy Indication Space 11/2							
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.							
Printed/Typed Name Steve Pickman				Signature <i>Steve Pickman</i>		Month Day Year 11/27/88	

24279 01

**UNIFORM HAZARDOUS
WASTE MANIFEST**

1. Generator's US EPA ID No.

Manifest
Document No.

2. Page 1
of 1

Information in the shaded areas
is not required by Federal law.

3. Generator's Name and Mailing Address

**ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91606**

4. Generator's Phone (**818 765-1010**)

5. Transporter 1 Company Name

6. US EPA ID Number

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

**CHEMICAL WASTE MANAGEMENT
35261 OLD SKYLINE DRIVE
KETTERMAN CITY, CA 93239**

10. US EPA ID Number

A. State Manifest Document Number

88140376

B. State Generator's ID

C. State Transporter's ID

D. Transporter's Phone

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

H. Facility's Phone

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

No. Type

Quantity

Unit
Wt/Vol

I. Waste No.

**RQ, HAZARDOUS WASTE SOLID, N.O.S., ORN-E
NA 9189 (U226/U228) (contaminated soil)**

01011

DIT

140218

T

State

611/751

EPA/Other

U226/U228

State

EPA/Other

State

EPA/Other

State

EPA/Other

J. Additional Descriptions for Materials Listed Above

PROFILE LAX H 65176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a.

03

b.

c.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16.

GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

12/12/88

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Signature

Signature

Month Day Year

Month Day Year

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

Steve Pichler

Signature

Steve Pichler

Month Day Year

1/27/89

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESP. CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

Please print or type. (Form designed for use on elite or dot matrix typewriter)

Instructions on the back

88140378
 IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

UNIFORM HAZARDOUS WASTE MANIFEST		Generator's US EPA ID No. CIA000832533400401		Manifest Document No. 1		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.									
3. Generator's Name and Mailing Address ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION 11600 SHERMAN WAY, N. HOLLYWOOD, CA 91606						A. State Manifest Document Number 88140378											
4. Generator's Phone (818) 765-1010						B. State Generator's ID NA000000000007											
5. Transporter 1 Company Name MPV Transport Services						C. State Transporter's ID 911638											
6. US EPA ID Number 1147010101214121412						D. Transporter's Phone 805-332-1151											
7. Transporter 2 Company Name						E. State Transporter's ID											
8. US EPA ID Number						F. Transporter's Phone											
9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT 35251 OLD SKYLINE DRIVE KETTERMAN CITY, CA 93239						G. State Facility's ID CA00000000000117											
10. US EPA ID Number ICAT00000000000117						H. Facility's Phone (800) 232-2944											
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers		13. Total Quantity		14. Unit Wt/Vol		15. Waste No.					
a. RQ. HAZARDOUS WASTE SOLID, N.O.S., ORN-E NA 9189 (U226/U228) (contaminated soil) b. c. d.						No.		Type				State					
						01012		DIT		101515		EPA/Other 811/751					
												EPA/Other					
												State					
J. Additional Descriptions for Materials Listed Above						K. Handling Codes for Wastes Listed Above											
PROFILE LAX H 68176 CONTAMINATED SOIL FROM SITE REMEDIATION						a. 03		b.		c.		d.					
15. Special Handling Instructions and Additional Information WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT																	
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.																	
Printed/Typed Name ROBIN OSEAS						Signature <i>[Signature]</i>				Month Day Year 1/22/88							
17. Transporter 1 Acknowledgement of Receipt of Materials						Printed/Typed Name GERALD FOUTCH				Signature <i>[Signature]</i>				Month Day Year 1/22/88			
18. Transporter 2 Acknowledgement of Receipt of Materials						Printed/Typed Name				Signature				Month Day Year			
19. Discrepancy Indication Space																	
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.																	
Printed/Typed Name Steve Pickens						Signature <i>[Signature]</i>				Month Day Year 1/22/88							

04182-01

Please print or type (Form designed for use on elite dot matrix typewriter).

Instructions on the back

**UNIFORM HAZARDOUS
WASTE MANIFEST**

1. Generator's US EPA ID No.

Manifest
Document No.

2. Page 1
of 1

Information in the shaded areas
is not required by Federal law.

3. Generator's Name and Mailing Address

**ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605**

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number

88140379

B. State Generator's ID

WIAH0136000009171

C. State Transporter's ID

777659

D. Transporter's Phone

805-377-1157

E. State Transporter's ID

F. Transporter's Phone

805-377-1157

G. State Facility's ID

CA1710101614611171

H. Facility's Phone

(800) 222-2964

9. Designated Facility Name and Site Address

**CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239**

10. US EPA ID Number

CAT000646117

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers
No. Type

13. Total
Quantity

14. Unit
Wt/Vol

I. Waste No.

a. **RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (U226/U228) (contaminated soil)**

0101 DIT

992712 T

State **611/751**

EPA/Other **U226/U228**

b.

c.

d.

J. Additional Descriptions for Materials Listed Above

PROFILE LAX N 68176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a. **63**

b.

c.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16.

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Printed/Typed Name

ROBIN OSEAS

Signature

[Signature]

Month Day Year

11-17-88

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Doby HAGAR

Signature

[Signature]

Month Day Year

11-17-88

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

[Signature]

Month Day Year

11-17-88

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

Printed/Typed Name

Steve Pickens

Signature

[Signature]

Month Day Year

11-27-88

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

88140379

R 11/88 02

41

Instructions on the B

88140381
IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-862-7650

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.		Manifest Document No.		Page 1 of 1		Information in the shaded areas is not required by Federal law	
3. Generator's Name and Mailing Address ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION 11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605		6. US EPA ID Number CA D 0 0 8 3 2 5 3 3 4 0 0 4 0 4		A. State Manifest Document Number 88140381		B. State Generator's ID NAH 0 3 6 0 0 9 0 9 7		C. State Transporter's ID 927 200	
4. Generator's Phone 818 765-1010		7. Transporter 1 Company Name P.P. 1		8. US EPA ID Number CA T 0 0 6 4 6 1 1 7		D. Transporter's Phone 805-377-7131		E. State Transporter's ID	
5. Transporter 2 Company Name		9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT 35251 OLD SKYLINE DRIVE KETTLERMAN CITY, CA 93239		10. US EPA ID Number CA T 0 0 6 4 6 1 1 7		F. Transporter's Phone		G. State Facility's ID CA T 0 0 0 6 4 6 1 1 7	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers		13. Total Quantity		14. Unit Wt/Vol		1. Waste No.	
a. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (U226/U228) (contaminated soil)		No. 0 0 1 Type D T		940-14		T		State 611/751 EPA/Other U226/U228	
b.								State EPA/Other	
c.								State EPA/Other	
d.								State EPA/Other	
J. Additional Descriptions for Materials Listed Above PROFILE LAX N 65176 CONTAMINATED SOIL FROM SITE REMEDIATION.		K. Handling Codes for Wastes Listed Above a. 03		b.		c.		d.	
15. Special Handling Instructions and Additional Information WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT									
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Printed/Typed Name ROBIN OSEAS		Signature <i>Robin Oseas</i>		Month 1		Day 1		Year 1988	
17. Transporter 1 Acknowledgement of Receipt of Materials		Printed/Typed Name <i>John Miller</i>		Signature <i>John Miller</i>		Month 1		Day 1	
18. Transporter 2 Acknowledgement of Receipt of Materials		Printed/Typed Name		Signature		Month		Day	
19. Discrepancy Indication Space									
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.									
Printed/Typed Name <i>Steve Pickens</i>		Signature <i>Steve Pickens</i>		Month 1		Day 2		Year 1988	

2-42161-01

Please print or type. (Form designed for use on elite (4 pin) typewriter).

Instructions on the E

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.

Manifest
Document No.

2. Page 1
of

Information in the shaded areas
is not required by Federal law.

3. Generator's Name and Mailing Address

**ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605**

4. Generator's Phone

818 755-1010

5. Transporter 1 Company Name

6. US EPA ID Number

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

**CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTERMAN CITY, CA 93239**

10. US EPA ID Number

A. State Manifest Document Number

88140380

B. State Generator's ID

C. State Transporter's ID

D. Transporter's Phone

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

H. Facility Phone

(800) 822-2984

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers
No. Type

13. Total
Quantity

14. Unit
Wt/Vol

I. Waste No.

**a. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (U226/U228) (contaminated soil)**

01011 DIT 12173

Y

State

511/751

U226/U228

EPA/Other

State

EPA/Other

State

EPA/Other

J. Additional Descriptions for Materials Listed Above

PROFILE LAX H 68176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a. **03**

c.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

11/23/88

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Don't

Signature

Don't

Month Day Year

11/23/88

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

Steve Pickett

Signature

Steve Pickett

Month Day Year

11/23/88

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

GENERATOR

TRANSPORTER

FACILITY

4362-01

Please print or type. (Form designed for use on site (each typewriter))

Instructions on the Back

UNIFORM HAZARDOUS
WASTE MANIFEST

Generator's US EPA ID No

Manifest
Document No

Page 1
of 1

Information in the shaded areas
is not required by Federal law.

3. Generator's Name and Mailing Address

ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone

818 766-1010

5. Transporter 1 Company Name

6. US EPA ID Number

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

10. US EPA ID Number

CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

ICATD000646117

A. State Manifest Document Number

88140337

B. State Generator's ID

MAN016000007

C. State Transporter's ID

D. Transporter's Phone

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

CAT000646117

(800) 222-2964

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers
No. Type

13. Total
Quantity

14. Unit
Wt/Vol

1. Waste No.

a. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (U226/U228) (contaminated soil)

0 0 1 D T

1 0 2 1 1 2

T

State
EPA/Other
611/761
U226/U228

b.

State
EPA/Other

c.

State
EPA/Other

d.

State
EPA/Other

J. Additional Descriptions for Materials Listed Above

PROFESSOR LAX
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a. OB

c.

b.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16.

GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

1/2/82

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Henry Smith

Signature

Henry Smith

Month Day Year

1/2/82

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

Printed/Typed Name

Steve Parker

Signature

Steve Parker

Month Day Year

1/2/82

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

88140337

GENERATOR

TRANSPORTER

FACILITY

R4162-53

Please print or type. (Form designed for use on elite (10 cpm) typewriter)

Instructions on the Back

UNIFORM HAZARDOUS
WASTE MANIFEST

1. Generator's US EPA ID No. **CAN0008125314**
Manifest Document No. **102741**

Page 1 of 1
Information in the shaded areas is not required by Federal law

2. Generator's Name and Mailing Address

**ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605**

4. Generator's Phone

818 765-1010

5. Transporter 1 Company Name

6. US EPA ID Number

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

**CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTERMAN CITY, CA 93239**

10. US EPA ID Number

A. State Manifest Document Number

88140338

B. State Generator's ID

C. State Transporter's ID

D. Transporter's Phone

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

H. Facility's Phone

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

**RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (U226/U228) (contaminated soil)**

12. Containers No. Type 13. Volume Quantity Unit Wt/Vol 14. Waste No.

a. 001 DOT 1/2 T 611/751

b. U226/U228

c. EPA/Other

d. State

e. EPA/Other

f. State

g. EPA/Other

h. State

i. EPA/Other

J. Additional Descriptions for Materials Listed Above

PROFILE LAX H 65176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a. **03**

c.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

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Printed/Typed Name Signature Month Day Year

ROBIN OSEAS

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name Signature Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name Signature Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name Signature Month Day Year

Steve Pickard

St. Pickard

1/21/88

Do Not Write Below This Line

Print or type. (Form designed for use on elite () typewriter)

Instructions on the B

88140339

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

GENERATOR

TRANSPORTER

FACILITY

UNIFORM HAZARDOUS
WASTE MANIFEST

1. Generator's US EPA ID No.

C A D 0 0 8 3 2 5 3 3 4

Manifest
Document No.

Page 1
of 1

Information in the shaded areas
is not required by Federal law

3. Generator's Name and Mailing Address

ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

5. Transporter 1 Company Name

6. US EPA ID Number

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

10. US EPA ID Number

CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTERMAN CITY, CA 93239

C A T 0 0 0 6 4 6 1 1 7

A. State Manifest Document Number

88140339

B. State Generator's ID

H A H 0 3 6 0 0 9 0 9 7

C. State Transporter's ID

907000

D. Transporter's Phone

800 877 3223

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

C A T 0 0 0 6 4 6 1 1 7

H. Facility's Phone

(800) 222-2964

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers
No. Type

13. Total
Quantity

14.
Unit
Wt/Vol

I.
Waste No.

a. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (U226/U228) (contaminated soil)

0 0 1 D T

1 1 2 T

State

611/751

EPA/Other

U226/U228

State

EPA/Other

b.

c.

d.

J. Additional Descriptions for Materials Listed Above

PROFILE LAX H 06176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a.

03

b.

c.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16.

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

1/21/58

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Don Wetzel

Signature

Don Wetzel

Month Day Year

1/21/58

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

Steve Pickens

Signature

Steve Pickens

Month Day Year

1/21/58

**UNIFORM HAZARDOUS
WASTE MANIFEST**

1. Generator's US EPA ID No.

Manifest
Document No.

Page 1
of

Information in the shaded areas
is not required by Federal law.

2. Generator's Name and Mailing Address

**ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605**

4. Generator's Phone

818 765-1010

5. Transporter 1 Company Name

6. US EPA ID Number

15714346

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

10. US EPA ID Number

**CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTERMAN CITY, CA 93239**

CAT000646117

A. State Manifest Document Number

88140340

B. State Generator's ID

CA 1026009097

C. State Transporter's ID

2053236904

D. Transporter's Phone

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

CA 1000646117

H. Facility's Phone

(800) 222-2964

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers

No. Type

13. Total Quantity

Unit

Wt/Vol

14. Waste No.

a.

**RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (U226/U235) (contaminated soil)**

001 DT

CA 10214

State

EPA/Other **611/751**

U226/U235

EPA/Other

State

EPA/Other

State

EPA/Other

State

EPA/Other

J. Additional Descriptions for Materials Listed Above

PROFILE LAX N 68176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a.

03

c.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

1/21/15

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

JERRY BAREFIELD

Signature

Jerry Barefield

Month Day Year

1/21/15

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

Steve Pickens

Signature

Steve Pickens

Month Day Year

1/21/15

Do Not Write Below This Line

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30

Please print or type (Form designed for use on site (with typewriter))

Instructions on the Back

UNIFORM HAZARDOUS
WASTE MANIFEST

Generator's US EPA ID No

Manifest
Document No

Page 1

Information in the shaded areas
is not required by Federal law.

3. Generator's Name and Mailing Address

ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91606

4. Generator's Phone (818) 765-1010

5. Transporter 1 Company Name

6. US EPA ID Number

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number

A. State Manifest Document Number

88140341

B. State Generator's ID

C. State Transporter's ID

D. Transporter's Phone (818) 41-5792

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

H. Facility's Phone (800) 222-2264

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (U226/U228) (contaminated soil)

12. Containers
No. Type

13. Total
Quantity

Unit
Wt/Vol

14. Waste No.

0101 DIT

State
EPA/Other
State

EPA/Other

State

EPA/Other

State

EPA/Other

J. Additional Descriptions for Materials Listed Above

PROFILE LAX N 08176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a. 03

b.

c.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16.

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

11/21/78

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Randy Colin

Signature

Randy Colin

Month Day Year

11/21/78

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

Steve Parker

Signature

Steve Parker

Month Day Year

11/21/78

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL HES. CENTER 1-800-424-6802. WITHIN CALIFORNIA CALL 1-800-852-7550

88140341

GENERATOR

TRANSPORTER

FACILITY

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER* 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-862-7550

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

UNIFORM HAZARDOUS WASTE MANIFEST						Manifest Document No.		Page 1 of 1		Information in the shaded areas is not required by Federal law	
3. Generator's Name and Mailing Address ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION 11600 SHERMAN WAY, N. HOLLYWOOD, CA 91606								A. State Manifest Document Number 88140383			
4. Generator's Phone (RIP) 765-1010								B. State Generator's ID HANQ36009097			
5. Transporter 1 Company Name <i>Pacific Western Transp Co Inc</i>								C. State Transporter's ID 777658			
								D. Transporter's Phone 805 273-7157			
7. Transporter 2 Company Name								E. State Transporter's ID			
								F. Transporter's Phone			
9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT 35251 OLD SKYLINE DRIVE KETTLEMAN CITY, CA 93239								G. State Facility's ID CAT0000646117 H. Facility's Phone (800) 222-2964			
10. US EPA ID Number CAT0000646117											
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers		13. Total Quantity		14. Unit Wt/Vol	
						No. Type				I. Waste No.	
a. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORCA-E NA 9189 (U226/U228) (contaminated soil)						001 QT		909215		T	
b.										State 611/751 EPA/Other U226/U228	
c.										State EPA/Other	
d.										State EPA/Other	
J. Additional Descriptions for Materials Listed Above PROFILE LAX N 85178 CONTAMINATED SOIL FROM SITE REMEDIATION								K. Handling Codes for Wastes Listed Above a. OB c. d.			
15. Special Handling Instructions and Additional Information WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT											
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.											
Printed/Typed Name RICHARD NELSON						Signature <i>Richard A Nelson</i>			Month Day Year 12 29 88		
17. Transporter 1 Acknowledgement of Receipt of Materials						Printed/Typed Name Robert R Costa			Signature <i>Robert R Costa</i>		
18. Transporter 2 Acknowledgement of Receipt of Materials						Printed/Typed Name			Signature		
19. Discrepancy Indication Space											
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.						Printed/Typed Name Steve Pickel			Signature <i>Steve Pickel</i>		
									Month Day Year 12 29 88		

GENERATOR

TRANSPORTER

FACILITY

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-6862. WITHIN CALIFORNIA ONLY: 1-800-424-6862.

100-25017

Instructions on the Back

UNIFORM HAZARDOUS
WASTE MANIFEST

1. Generator's US EPA ID No

Manifest
Document No.

2. Page 1
of 1

Information in the shaded areas
is not required by Federal law

3. Generator's Name and Mailing Address

ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

5. Transporter 1 Company Name

6. US EPA ID Number

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 95239

10. US EPA ID Number

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers
No. Type

13. Total
Quantity

14. Unit
Wt/Vol

15. Waste No.

a. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA9189 (U226/U228) (contaminated soil)

01011 DIT

01/12/83

State
611/751
EPA/Other
U226/U228
State

b.

c.

d.

e.

f.

g.

h.

i.

j.

k.

l.

m.

n.

o.

p.

q.

r.

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af.

ag.

ah.

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aj.

ak.

al.

am.

an.

ao.

ap.

aq.

ar.

K. Handling Codes for Wastes Listed Above

a. 03

b.

c.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name

RICHARD NELSON

Signature

Richard A. Nelson

Month Day Year

1/28/83

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Steve Pickens

Signature

Steve Pickens

Month Day Year

1/28/83

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Steve Pickens

Signature

Steve Pickens

Month Day Year

1/28/83

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

Steve Pickens

Signature

Steve Pickens

Month Day Year

1/28/83

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

R11287-05

88140385

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. CA D 0 0 0 6 3 2 6 3 3 4		Manifest Document No. 010902		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION 11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605						A. State Manifest Document Number 88140385			
4. Generator's Phone (818) 7650 1810						B. State Generator's ID NA 0 1 0 0 0 0 0 0 7			
5. Transporter 1 Company Name WILSON TRANSPORT, INC.						C. State Transporter's ID 707006			
6. US EPA ID Number CA 1 7 0 0 0 6 3 4 2 4 7						D. Transporter's Phone 805 753 7151			
7. Transporter 2 Company Name						E. State Transporter's ID			
8. US EPA ID Number						F. Transporter's Phone			
9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT 35251 OLD SKYLINE DRIVE KETTLEMAN CITY, CA 93239						G. State Facility's ID CA T 0 0 0 6 4 6 1 1 7			
10. US EPA ID Number CA T 0 0 0 6 4 6 1 1 7						H. Facility's Phone (800) 222-2944			
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)				12. Containers No. Type	13. Total Quantity	14. Unit Wt/Vol	L. Waste No.		
a. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA9189 (U226/U228) (contaminated soil)				0 10 11 DIT	0 10 11 2 3	T	State 611/781 EPA/Other U226/U228		
b.							State EPA/Other		
c.							State EPA/Other		
d.							State EPA/Other		
J. Additional Descriptions for Materials Listed Above PROFILE LAX N 08176 CONTAMINATED SOIL FROM SITE REMEDIATION						K. Handling Codes for Wastes Listed Above a. 03 b. c. d.			
15. Special Handling Instructions and Additional Information wear appropriate HEAVY protective equipment personal									
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.									
Printed/Typed Name Richard Nelson				Signature <i>Richard A Nelson</i>		Month Day Year 12 29 88			
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name <i>Ralph W. F...</i>				Signature <i>Ralph W. F...</i>		Month Day Year 12 31 88			
18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name				Signature		Month Day Year			
19. Discrepancy Indication Space									
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19. Printed/Typed Name <i>Steve Pickel</i>				Signature <i>Steve Pickel</i>		Month Day Year 12 29 88			

R 4370-01

Please print or type (Form designed for use on elite (dot pitch typewriter))

UNIFORM HAZARDOUS WASTE MANIFEST		Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION 11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605		C1A1D101018131215131314		A. State Manifest Document Number 87534404	
4. Generator's Phone (818) 765-1010		6. US EPA ID Number		B. State Generator's ID H1A1H10131610101019171	
5. Transporter 1 Company Name DIVERSIFIED SERVICE INC.		8. US EPA ID Number		C. State Transporter's ID H1A1H10131610101019171	
7. Transporter 2 Company Name		10. US EPA ID Number		D. Transporter's Phone (800) 877-3773	
9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT 35251 OLD SKYLINE DRIVE KETTLEMAN CITY, CA 93239		12. Containers		E. State Transporter's ID	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) a. RO, HAZARDOUS WASTE LIQUID, N.O.S., ORM-E NA 9189 (sodium sulfate solution)		13. Total Quantity No. Type		F. Transporter's Phone	
b.		14. Unit Wt/Vol		G. State Facility's ID C1A1T10101016141611171	
c.		15. Waste No.		H. Facility's Phone (800) 222-2964	
d.		16. State		I. EPA/Other	
J. Additional Descriptions for Materials Listed Above PROFILE LAX J51130 (sodium sulfate solution)		17. Handling Codes for Wastes Listed Above		18. EPA/Other	
15. Special Handling Instructions and Additional Information WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT		19. State		20. EPA/Other	
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.		17. Printed/Typed Name ROBIN OSEAS		18. Signature [Signature]	
17. Transporter 1 Acknowledgement of Receipt of Materials		19. Printed/Typed Name Tom CASTANEDA		20. Signature [Signature]	
18. Transporter 2 Acknowledgement of Receipt of Materials		19. Printed/Typed Name		20. Signature	
19. Discrepancy Indication Space		19. Printed/Typed Name		20. Signature	
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.		19. Printed/Typed Name John Kidwell		20. Signature [Signature]	

Instructions on the Back

Please print or type. (Form designed for use on elite () typewriter).

UNIFORM HAZARDOUS
WASTE MANIFEST

1. Generator's US EPA ID No

Manifest
Document No

Page 1
of

Information in the shaded areas
is not required by Federal law.

2. Generator's Name and Mailing Address

ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone

818 766-1010

5. Transporter 1 Company Name

6. US EPA ID Number

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

10. US EPA ID Number

CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTERMAN CITY, CA 93239

A. State Manifest Document Number

88140336

B. State Generator's ID

C. State Transporter 1 ID

D. Transporter's Phone

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

H. Facility's Phone

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers

13. Total Quantity

14. Unit

15. Waste No.

a. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (U226/U228) (contaminated soil)

No.

Type

b.

c.

d.

e.

f.

g.

h.

i.

j.

k.

l.

m.

n.

o.

p.

q.

r.

s.

t.

u.

v.

w.

x.

y.

z.

aa.

ab.

ac.

ad.

ae.

af.

ag.

ah.

ai.

aj.

ak.

al.

am.

an.

ao.

ap.

aq.

ar.

as.

at.

State

EPA/Other

State

EPA/Other

State

EPA/Other

State

EPA/Other

State

EPA/Other

State

EPA/Other

State

EPA/Other

State

EPA/Other

State

EPA/Other

State

EPA/Other

State

EPA/Other

State

EPA/Other

State

EPA/Other

State

EPA/Other

State

EPA/Other

State

EPA/Other

State

EPA/Other

State

EPA/Other

State

EPA/Other

State

EPA/Other

State

EPA/Other

State

EPA/Other

State

EPA/Other

J. Additional Descriptions for Materials Listed Above

PROFILE LAX H 88176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a.

b.

c.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16.

GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

1/31/4/88

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

STEPHEN HELMS

Signature

Stephen Helms

Month Day Year

1/21/4/88

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Sol

Signature

Sol

Month Day Year

1/21/4/88

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

STEVE BLUM

Signature

Steve Blum

Month Day Year

1/21/4/88

88140336

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

GENERATOR

TRANSPORTER

Please print or type (Form designed for use on elite (4) dot pitch typewriter)

Instructions on the Back

**UNIFORM HAZARDOUS
WASTE MANIFEST**

1. Generator's US EPA ID No.

Manifest
Document No.

2. Page 1
of 1

Information in the shaded areas
is not required by Federal law

3. Generator's Name and Mailing Address

**ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91606**

4. Generator's Phone

818 765-1010

5. Transporter 1 Company Name

KIA Recovery Services

6. US EPA ID Number

KIA 091811019103111

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

**CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTELMAN CITY, CA 93239**

10. US EPA ID Number

CAT 00006461117

A. State Manifest Document Number

88140335

B. State Generator's ID

C. State Transporter's ID

D. Transporter's Phone

818-462-2778

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

CAT 00006461117

H. Facility's Phone

(800) 222-2944

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

**RO, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (U226/U228) (contaminated soil)**

12. Containers
No. Type

0101 D T

13. Total
Quantity

010123

14. Unit
Wt/Vol

T

I. Waste No.

State
611/761

EPA/Other
U226/U228

EPA/Other

State

EPA/Other

State

EPA/Other

J. Additional Descriptions for Materials Listed Above

PROFILE LAX H 65176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a. **03**

c.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16.

GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

11/21/1988

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

KEVIN ROSE

Signature

Kevin Rose

Month Day Year

11/21/1988

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

STAN BLANK

Signature

Stan Blank

Month Day Year

11/21/1988

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

88140335

04/16/04

Please print or type. (Form designed for use on elite (14 pin) typewriter).

Instructions on the Form

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.	Manifest Document No.	Page 1 of 1	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION 11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605		C1A0008325334		A. State Manifest Document Number 88140334	
4. Generator's Phone 818 765-1010		6. US EPA ID Number		B. State Generator's ID 88140334	
5. Transporter 1 Company Name		7. Transporter 1 US EPA ID Number		C. State Transporter's ID 88140334	
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone 805-323-6444	
9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT 36251 OLD SKYLINE DRIVE KETTLERMAN CITY, CA 93239		10. US EPA ID Number		E. State Transporter's ID 88140334	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) RQ. HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (U226/U228) (contaminated soil)		12. Containers No. Type 0101 DIT		13. Total Quantity 121.12	
J. Additional Descriptions for Materials Listed Above PROFILE LAX N 48176 CONTAMINATED SOIL FROM SITE REMEDIATION		14. Unit Wt/Vol Y		15. Waste No. 611/781 U226/U228	
15. Special Handling Instructions and Additional Information WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT		K. Handling Codes for Wastes Listed Above a. E3 b. c. d.			
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.		Printed/Typed Name ROBIN OSEAS		Signature <i>[Signature]</i> Month Day Year 11/14/88	
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name WILLIAM BAFFIELD		Signature <i>[Signature]</i> Month Day Year 11/21/88			
18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name		Signature		Month Day Year	
19. Discrepancy Indication Space					
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19. Printed/Typed Name STEVEN BRADLEY		Signature <i>[Signature]</i> Month Day Year 11/21/88			

R 41167-13

Please print or type. (Form designed for use on elite or dot-matrix typewriter).

Instructions on the back

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.

Manifest
 Document No.

2. Page 1
 of 1

Information in the shaded areas
 is not required by Federal law

3. Generator's Name and Mailing Address

**ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
 11600 SHERMAN WAY, N. HOLLYWOOD, CA 91608**

4. Generator's Phone (818) 768-1010

5. Transporter 1 Company Name

6. US EPA ID Number

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

**CHEMICAL WASTE MANAGEMENT
 35251 OLD SKYLINE DRIVE
 KETTLEMAN CITY, CA 93239**

10. US EPA ID Number

A. State Manifest Document Number

88140333

B. State Generator's ID

NAHQ16000042

C. State Transporter's ID

923423

D. Transporter's Phone

415-323-6244

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

CAT000046117

H. Facility's Phone

(800) 222-2064

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

**RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
 NA 9189 (U226/U228) (contaminated soil)**

12. Containers
 No. Type

001 D T

13. Total
 Quantity

0102143

14. Unit
 Wt/Vol

T

I. Waste No.

611/751

EPA/Other

U226/U228

State

EPA/Other

State

EPA/Other

State

EPA/Other

J. Additional Descriptions for Materials Listed Above

PROFILE LAX N 00176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

03

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16.

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

11/21/1985

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

JERRY BAXFIELD

Signature

Jerry Baxfield

Month Day Year

11/21/1985

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

STEVE BRADY

Signature

Steve Brady

Month Day Year

12/1/1985

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

88140333

GENERATOR

TRANSPORTER

FACILITY

12/11/7-70

Please print or type. (Form designed for use on elite () () typewriter).

Instructions on the Back

UNIFORM HAZARDOUS
WASTE MANIFEST

1. Generator's US EPA ID No

Manifest
Document No.

2. Page 1
of

Information in the shaded areas
is not required by Federal law

3. Generator's Name and Mailing Address

ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91606

4. Generator's Phone

818-765-1010

5. Transporter 1 Company Name

6. US EPA ID Number

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTERMAN CITY, CA 93239

10. US EPA ID Number

A. State Manifest Document Number

88140332

B. State Generator's ID

C. State Transporter's ID

D. Transporter's Phone

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

H. Facility's Phone

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers
No. Type

13. Total
Quantity

14. Unit
Wt/Vol

I. Waste No.

a. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (U226/U228) (contaminated soil)

01011 DIT

12.5

1

State

811/751

EPA/Other

U226/U228

EPA/Other

State

EPA/Other

State

EPA/Other

J. Additional Descriptions for Materials Listed Above

PROFILE LAX N 65176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a. 03

c.

b.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16.

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

11/11/88

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Jim Damann

Signature

Jim Damann

Month Day Year

11/21/88

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

Printed/Typed Name

STANLEY ARTHUR

Signature

Stanley Arthur

Month Day Year

11/21/88

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

GENERATOR

Instructions on the back

DHS 8022 A (1/88)
EPA 8700-22
(Rev. 9-86) Previous editions are obsolete.

Do Not Write Below This Line

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30

12411.7-42

Please print or type. (Form designed for use on elite or pitch typewriter).

Instructions on the back

**UNIFORM HAZARDOUS
WASTE MANIFEST**

1. Generator's US EPA ID No.

Manifest
Document No.

2. Page 1

Information in the shaded areas
is not required by Federal law

3. Generator's Name and Mailing Address

**ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605**

4. Generator's Phone (818) 765-1010

5. Transporter 1 Company Name

G-T EQUIPMENT

6. US EPA ID Number

CA D01840184117

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

**CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239**

10. US EPA ID Number

CA T01000646117

A. State Manifest Document Number

88140329

B. State Generator's ID

CA G01000000017

C. State Transporter's ID

90095

D. Transporter's Phone

213-245-2477

E. State Transporter's ID

CA T01000646117

F. Facility's Phone

(800) 272-7964

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers

No. Type

13. Total Quantity

14. Unit

Wt/Vol

1. Waste No.

a. **RG, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (U226/U228) (contaminated soil)**

0101 DIT

226/15 T

State

611/781

EPA/Other

U226/U228

EPA/Other

State

EPA/Other

State

EPA/Other

J. Additional Descriptions for Materials Listed Above

PROFILE LAX H 05170

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

Q3

G.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16.

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

11/19/88

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

MARK RICHMOND

Signature

Mark Richmond

Month Day Year

11/21/88

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

Steve

Signature

Steve

Month Day Year

12/1/88

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL HES-C CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

GENERATOR

TRANSPORTER

FACILITY

Instructions on the back

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.		Manifest Document No.		2. Page 1 of		Information in the shaded areas is not required by Federal law.					
3. Generator's Name and Mailing Address ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION 11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605						A. State Manifest Document Number 88140328							
4. Generator's Phone 818 768-1018						B. State Generator's ID NA 9189							
5. Transporter 1 Company Name W. L. ...						C. State Transporter's ID NA 9189							
6. US EPA ID Number 111111111111111111						D. Transporter's Phone 818-768-1018							
7. Transporter 2 Company Name						E. State Transporter's ID							
8. US EPA ID Number						F. Transporter's Phone							
9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT 35251 OLD SKYLINE DRIVE KETTLEMAN CITY, CA 93239						G. State Facility's ID CA T 000646117							
10. US EPA ID Number CA T 000646117						H. Facility's Phone (800) 222-2364							
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers		13. Total Quantity		14. Unit Wt./Vol		15. Waste No.	
a. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 *(U226/U228) (contaminated soil)						No. 0101 Type DIT		1		T		State CA EPA/Other U226/U228	
b.												EPA/Other	
c.												State EPA/Other	
d.												State EPA/Other	
J. Additional Descriptions for Materials Listed Above PROFILE LAX H 85176 CONTAMINATED SOIL DUE TO SITE REMEDIATION						K. Handling Codes for Wastes Listed Above a. 03 b. c. d.							
15. Special Handling Instructions and Additional Information WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT													
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.													
Printed/Typed Name ROBIN OSEAS						Signature <i>[Signature]</i>						Month Day Year 1/21/88	
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name STEPHEN ...						Signature <i>[Signature]</i>						Month Day Year 1/21/88	
18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name						Signature						Month Day Year	
19. Discrepancy Indication Space													
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. Printed/Typed Name RICK A SENIFF													
Signature <i>[Signature]</i>						Month Day Year 1/21/88							

**UNIFORM HAZARDOUS
WASTE MANIFEST**

1. Generator's US EPA ID No.

CA D 0 0 8 3 2 5 3 3 4

Manifest
Document No.
14306

2 Page 1
of 1

Information in the shaded areas
is not required by Federal law.

3. Generator's Name and Mailing Address

**ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91608**

4. Generator's Phone (818) 765-1010

5. Transporter 1 Company Name

6. US EPA ID Number

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

**CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239**

10. US EPA ID Number

CA T 0 0 0 6 4 6 1 1 1 7

A. State Manifest Document Number

88140327

B. State Generator's ID

CA 1034009097

C. State Transporter's ID

909120 7-7121

D. Transporter's Phone

909-223-1004

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

CA T 0 0 0 6 4 6 1 1 1 7

H. Facility's Phone

(800) 222-2064

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers
No. Type

13. Total
Quantity

14.
Unit
Wt/Vol

I.
Waste No.

a. **RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (U226/U228) (contaminated soil)**

0101

DIT

44 1/2

T

State

611/781

EPA/Other

U226/U228

State

EPA/Other

State

EPA/Other

State

EPA/Other

J. Additional Descriptions for Materials Listed Above

PROFILE LAX H 65176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a.

03

b.

c.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16.

GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

12/1/88

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

MARVIN BRIDGEMAN

Signature

Marvin Bridgeman

Month Day Year

11/2/88

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

STEVE BRADEN RT

Signature

Steve Braden

Month Day Year

12/1/88

88140327
IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-862-7550

GENERATOR

TRANSPORTER

FACILITY

12/1/88

Please print or type. (Form designed for use on elite (14 pin) typewriter).

Instructions on the E

UNIFORM HAZARDOUS
WASTE MANIFEST

1. Generator's US EPA ID No.

Manifest
Document No.

2. Page 1
of

Information in the shaded areas
is not required by Federal law.

3. Generator's Name and Mailing Address

ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11500 CHERMAN WAY, N. HOLLYWOOD, CA 91605

5. Transporter 1 Company Name

765-1010

6. US EPA ID Number

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

10. US EPA ID Number

CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

A. State Manifest Document Number

88140326

B. State Generator's ID

C. State Facility's ID

D. Transporter's Phone

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

H. Facility's Phone

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers
No. Type

13. Quantity

Unit
Wt/Vol

14. Waste No.

a. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (U226/U228) (contaminated soil)

0 0 1 D T

12/13

T

State

EPA/611/781

U226/U228

EPA/Other

State

EPA/Other

State

EPA/Other

J. Additional Descriptions for Materials Listed Above

PROFILE LAC LAX H 65176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a. 03

b.

c.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16.

GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

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Printed/Typed Name

ROBIN OSEAS

Signature

Month Day Year

1/1/1988

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Jim Damann

Signature

Month Day Year

11/1/1988

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

Printed/Typed Name

STEVE SAMPSON JR

Signature

Month Day Year

1/2/1988

Do Not Write Below This Line

Yellow: TSDf SENDS THIS COPY TO GENERATOR WITHIN 30

Please print or type. (Form designed for use on elite or dot matrix typewriter)

Instructions on the back

88140325

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.

Manifest Document No.

2. Page 1 of 1

Information in the shaded areas is not required by Federal law

3. Generator's Name and Mailing Address

ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91608

4. Generator's Phone (760) 745-1010

5. Transporter 1 Company Name

6

US EPA ID Number

7. Transporter 2 Company Name

8

US EPA ID Number

9. Designated Facility Name and Site Address

CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10

US EPA ID Number

A. State Manifest Document Number

88140325

B. State Generator's ID

NAH000000001

C. State Transporter's ID

903455

D. Transporter's Phone

805-3236909

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

CAT000646117

H. Facility's Phone

(800) 222-2964

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers

No.

Type

13. Total Quantity

14. Unit Wt/Vol

L Waste No.

a. **RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E**
NA 9189 (U226/U228) (contaminated soil)

001 Q T 212112 T

State

611/751

EPA/Other

U226/U228

State

EPA/Other

State

EPA/Other

State

EPA/Other

J. Additional Descriptions for Materials Listed Above

PROFILE LAX N 65176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Heading Codes for Wastes Listed Above

a. **03**

c.

b.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16.

GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

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Printed/Typed Name

ROBIN OSEAS

Signature

Month Day Year

1/2/78

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

JERRY BAREFIELD

Signature

Month Day Year

1/2/78

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

Steve Pickell

Signature

Month Day Year

1/2/78

1/4/78-21

Instructions on the back

UNIFORM HAZARDOUS
WASTE MANIFEST

1. Generator's US EPA ID No.

Manifest
Document No.

2. Page 1
of

Information in the shaded areas
is not required by Federal law.

3. Generator's Name and Mailing Address

ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91608

4. Generator's Phone

818 765-1010

5. Transporter 1 Company Name

6. US EPA ID Number

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTERMAN CITY, CA 93239

10. US EPA ID Number

A. State Manifest Document Number

88140324

B. State Generator's ID

C. State Transporter's ID

D. Transporter's Phone

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

H. Facility's Phone

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers
No. Type

13. Total
Quantity

14.
Unit
Wt/Vol

1. Waste No.

a.

RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (U226/U228) (contaminated soil)

0101 DIT

2145

State

811/751

EPA/Other

U226/U228

b.

c.

d.

State

EPA/Other

State

EPA/Other

J. Additional Descriptions for Materials Listed Above

PROFILE LAX H 05176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a. 03

c.

b.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16.

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

1/21/1988

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Kenny Lynch

Signature

Kenny Lynch

Month Day Year

1/21/1988

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

Steve Pickens

Signature

Steve Pickens

Month Day Year

1/21/1988

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802, WITHIN CALIFORNIA CALL 1-800-852-7550

GENERATOR

TRANSPORTER

Please print or type. (Form designed for use on elite pitch typewriter).

Instructions on the back

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.

Manifest Document No.

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address

**ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605**

4. Generator's Phone (818) 765-1010

5. Transporter 1 Company Name

6. US EPA ID Number

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

**CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239**

10. US EPA ID Number

A. State Manifest Document Number

88140323

B. State Generator's ID

C. State Transporter's ID

D. Transporter's Phone (800) 375-1151

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

H. Facility's Phone (800) 222-2964

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers

13. Total Quantity

14. Unit

15. Waste No.

a. **RQ, HAZARDOUS WASTE SOLID, H.O.S., ORN-E
NA 9189 (U226/U228) (contaminated soil)**

No.

Type

Quantity

Unit

Waste No.

01011

DIT

12101214

T

State

EPA/Other

U226/U228

State

EPA/Other

State

EPA/Other

State

EPA/Other

State

EPA/Other

State

EPA/Other

State

EPA/Other

J. Additional Descriptions for Materials Listed Above

PROFILE LAX H 06170

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a.

b.

c.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16.

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

1/21/88

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Don Wetzel

Signature

Don Wetzel

Month Day Year

1/21/88

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

1/21/88

b. Discrepancy Indication Space

FACILITY

Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

Mike Pickett

Signature

Mike Pickett

Month Day Year

1/21/88

00140323
IN CASE OF SPILL, CALL CALIFORNIA HESTC CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

Please print or type. (Form designed for use on elite or dot matrix typewriter).

Instructions on the Back

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.

Manifest Document No.

2. Page 1 of

Information in the shaded areas is not required by Federal law

3. Generator's Name and Mailing Address

**ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605**

4. Generator's Phone

818-765-1010

5. Transporter 1 Company Name

6. US EPA ID Number

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

**CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTERMAN CITY, CA 93239**

10. US EPA ID Number

A. State Manifest Document Number

88140322

B. State Generator's ID

C. State Transporter's ID

D. Transporter's Phone

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

H. Facility's Phone

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

**RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (U226/U228) (contaminated soil)**

12. Containers
No. Type

13. Total Quantity

14. Unit
Wt/Vol

I. Waste No.
State
EPA/Other

01011 DIT 01010215 T

611/781

U226/U228

EPA/Other

State

EPA/Other

State

EPA/Other

J. Additional Descriptions for Materials Listed Above

PROFILE LAX H 66176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a. **03**

b.

c.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16.

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Printed/Typed Name

ROBIN OSEAS

Signature

Month Day Year

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

STEPHEN HERNANDEZ

Signature

Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

Printed/Typed Name

STEVE BRANN

Signature

Month Day Year

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

GENERATOR

TRANSPORTER

FACILITY

Please print or type. (Form designed for use on elite or pica typewriter).

Instructions on the back

**UNIFORM HAZARDOUS
WASTE MANIFEST**

1. Generator's US EPA ID No.

C A D 0 0 8 3 2 5 3 3 4 5 9 3 1 1

Manifest
Document No.

2. Page 1
of 1

Information in the shaded areas
is not required by Federal law.

3. Generator's Name and Mailing Address

**ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605**

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number

88140321

B. State Generator's ID

MAN0360000097

C. State Transporter's ID **903453**

D. Transporter's Phone **805 323 6904**

5. Transporter 1 Company Name

W. C. ...

6. US EPA ID Number

CDP 8 8 1 5 7 4 5 4 6

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

**CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLERMAN CITY, CA 93239**

10. US EPA ID Number

CA T 0 0 0 6 4 6 1 1 7

G. State Facility's ID

CA T 0 0 0 6 4 6 1 1 7

H. Facility's Phone

(800) 822-2044

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

a. **RQ. HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (U226/U228) (contaminated soil)**

12. Containers
No. Type

0 0 1 D T

13. Total
Quantity

1012143

14. Unit
Wt./Vol

T

I. Waste No.

611/751

EPA/Other

U226/U228

State

EPA/Other

State

EPA/Other

State

EPA/Other

J. Additional Descriptions for Materials Listed Above

PROFILE LAX N 65176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a. **03**

c.

d.

15. Special Handling Instructions and Additional Information

PROFILE LAX N 65176 WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16.

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

11/21/2012

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

JERRY BAKERFIELD

Signature

Jerry Bakerfield

Month Day Year

11/21/2012

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

Printed/Typed Name

STEVE BRANON

Signature

Steve Branon

Month Day Year

11/21/2012

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

88140321

GENERATOR

TRANSPORTER

FACILITY

88140319

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

GENERATOR

TRANSPORTER

FACILITY

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. Q A Q Q Q Q 3 2 8 3 3 4		Manifest Document No. 549274		2. Page 1 of 1		Information in the shaded areas is not required by Federal law									
3. Generator's Name and Mailing Address ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION 11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605						A. State Manifest Document Number 88140319											
4. Generator's Phone 818 755-1010						B. State Generator's ID NA 9189											
5. Transporter 1 Company Name W. C. Brown Truck Service						C. State Transporter's ID NA 9189											
6. US EPA ID Number Q A Q Q Q Q 3 2 8 3 3 4						D. Transporter's Phone 818-3-3-1151											
7. Transporter 2 Company Name						E. State Transporter's ID											
8. US EPA ID Number						F. Transporter's Phone											
9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT 35251 OLD SKYLINE DRIVE KETTLERMAN CITY, CA 93239						G. State Facility's ID CA 70000646117											
10. US EPA ID Number CA 70000646117						H. Facility's Phone (800) 222-2964											
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers No. Type		13. Total Quantity		14. Unit Wt/Vol		15. Waste No.					
a. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (U226/U228) (contaminated soil)						0 10 1 D IT OK 11 2 1 7 T						State 611/751 EPA/Other U226/U228 State					
b.												EPA/Other					
c.												State EPA/Other					
d.												State EPA/Other					
J. Additional Descriptions for Materials Listed Above PROFILE LAX H 86178 CONTAMINATED SOIL FROM SITE REMEDIATION						K. Handling Codes for Wastes Listed Above a. 03 b. c. d.											
15. Special Handling Instructions and Additional Information WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT																	
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.																	
Printed/Typed Name ROBIN OSEAS						Signature <i>[Signature]</i>				Month Day Year 1/12/1988							
17. Transporter 1 Acknowledgement of Receipt of Materials						Printed/Typed Name Richard Bennett				Signature <i>[Signature]</i>				Month Day Year 1/12/1988			
18. Transporter 2 Acknowledgement of Receipt of Materials						Printed/Typed Name				Signature				Month Day Year			
19. Discrepancy Indication Space																	
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.																	
Printed/Typed Name STEVE SCHWARTZ						Signature <i>[Signature]</i>				Month Day Year 1/12/88							

24134-2

Instructions on the Back

UNIFORM HAZARDOUS
WASTE MANIFEST

1. Generator's US EPA ID No.

Manifest
Document No.

Page 1
of

Information in the shaded area
is not required by Federal law.

3. Generator's Name and Mailing Address

ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone

818 765-1010

5. Transporter 1 Company Name

6. US EPA ID Number

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

10. US EPA ID Number

CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

CAT0000646117

A. State Manifest Document Number

88140318

B. State Generator's ID

C. State Transporter's ID

D. Transporter's Phone

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

H. Facility's Phone

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers
No. Type

13. Total
Quantity

14. Unit
Wt/Vol

I. Waste No.

a. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (U226/U228) (contaminated soil)

01012 DIT 0101215 Y

State
EPA/Other
State
EPA/Other

b.

c.

d.

J. Additional Descriptions for Materials Listed Above

PROFILE LAX H 00176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a. 03

c.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16.

GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

11/21/12/18

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

WCMCKENZIE

Signature

WCMCKENZIE

Month Day Year

11/21/12/18

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

Printed/Typed Name

Steve Pichon

Signature

Steve Pichon

Month Day Year

11/21/12/18

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RES. CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

GENERATOR

TRANSPORTER

FACILITY

Please print or type. (Form designed for use on elliptical pitch typewriter).

Instructions on the back

UNIFORM HAZARDOUS
WASTE MANIFEST

1. Generator's US EPA ID No. **CA10008325334** Manifest Document No. **88140317**

2. Page 1 of 1 Information in the shaded areas is not required by Federal law

3. Generator's Name and Mailing Address

**ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605**

4. Generator's Phone (**818**) **765-1010**

A. State Manifest Document Number **88140317**

B. State Generator's ID **CA10008325334**

5. Transporter 1 Company Name **WASTE MANAGEMENT**

6. US EPA ID Number **CA10008325334**

C. State Transporter's ID **970222**

D. Transporter's Phone **908-877-7777**

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address

**CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239**

10. US EPA ID Number **CA10008325334**

G. State Facility's ID **CA10008325334**

H. Facility's Phone **(800) 222-2954**

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers No. Type 13. Total Quantity 14. Unit Wt/Vol 15. Waste No.

a. **RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (U226/U228) (contaminated soil)**

991 DT 10214 1/2 T

b.

c.

d.

J. Additional Descriptions for Materials Listed Above

**PROFILE LAX H 65176
CONTAMINATED SOIL FROM SITE REMEDIATION**

K. Handling Codes for Wastes Listed Above

a. **03** b. c. d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

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Printed/Typed Name **ROBIN OSEAS** Signature **Robin Oseas** Month Day Year **1/21/88**

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name **Don Wetzel** Signature **Don Wetzel** Month Day Year **1/21/88**

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name Signature Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

Printed/Typed Name **Steve Pichard** Signature **Steve Pichard** Month Day Year **1/21/88**

00140317

GENERATOR

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL FIRE CENTER 1-800-424-8802. WITHIN CALIFORNIA CALL 1-800-852-7550

TRANSPORTER

FACILITY

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL FIRE

DHS 8022 A (1/88)

Please print or type. (Form designed for use on elite (12) pin typewriter)

Instructions on the Back

**UNIFORM HAZARDOUS
 WASTE MANIFEST**

1. Generator's US EPA ID No.

Manifest
 Document No.

2. Page 1
 of 1

Information in the shaded areas
 is not required by Federal law.

3. Generator's Name and Mailing Address

**ALLIED SIGNAL, INC.—ELECTRODYNAMICS DIVISION
 11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605**

A. State Manifest Document Number

88140313

B. State Generator's ID

NAHQ360000997

4. Generator's Phone (818) 765-1010

5. Transporter 1 Company Name

6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address

**CHEMICAL WASTE MANAGEMENT
 38251 OLD SKYLINE DRIVE
 KETTLEMAN CITY, CA 93239**

10. US EPA ID Number

G. State Facility's ID

CAT0000646117

H. Facility's Phone

(800) 222-2964

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers
 No. Type

13. Total
 Quantity

14. Unit
 Wt/Vol

I. Waste No.

a. **RR. HAZARDOUS WASTE SOLID, N.O.S., ORM-E
 NA 9189 (U226/U228) (contaminated soil)**

991 DT 40025 T

Y

State **611/751**
 EPA/Other **U226/U228**

b.

State

c.

EPA/Other

d.

State

e.

EPA/Other

f.

State

g.

EPA/Other

h.

State

i.

EPA/Other

j.

State

k.

EPA/Other

l.

State

m.

EPA/Other

J. Additional Descriptions for Materials Listed Above

PROFILE LAX H 65176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a. **03**

b.

c.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16.

GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

1/24/88

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

LOYAL DRIVERS

Signature

John Doe

Month Day Year

1/24/88

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

STEVE BLANK

Signature

Steve Blank

Month Day Year

1/29/88

Do Not Write Below This Line

Yellow: TSDf SENDS THIS COPY TO GENERATOR WITHIN 30

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

88140313

GENERATOR

TRANSPORTER

FACILITY

1/27/88

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.		Manifest Document No.		2. Page 1 of 1		Information in the shaded areas is not required by Federal law	
3. Generator's Name and Mailing Address		ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION 11600 SHERMANWAY, N. HOLLYWOOD, CA 91605		4. Generator's Phone (818) 765-1010		A. State Manifest Document Number 88140312		B. State Generator's ID 11100000000000000000	
5. Transporter 1 Company Name		6. US EPA ID Number		C. State Transporter's ID 903640		D. Transporter's Phone (805) 373-1157		E. State Transporter's ID	
7. Transporter 2 Company Name		8. US EPA ID Number		F. Transporter's Phone		G. State Facility's ID		H. Facility's Phone (800) 222-2964	
9. Designated Facility Name and Site Address		10. US EPA ID Number		11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No. Type		13. Total Quantity	
CHEMICAL WASTE MANAGEMENT 35251 OLD SKYLINE DRIVE KETTLEMAN CITY, CA 93239		CAT000046117		11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No. Type		13. Total Quantity	
a. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E N A 9189 (U226/U228) (contaminated soil)		001 DIT		11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No. Type		13. Total Quantity	
b.				11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No. Type		13. Total Quantity	
c.				11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No. Type		13. Total Quantity	
d.				11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No. Type		13. Total Quantity	
J. Additional Descriptions for Materials Listed Above		K. Handling Codes for Wastes Listed Above		14. Unit Wt/Vol		15. Waste No.		16. State	
PROFILE LAX N 66176		03		14. Unit Wt/Vol		15. Waste No.		16. State	
contaminated soil from site remediation				14. Unit Wt/Vol		15. Waste No.		16. State	
15. Special Handling Instructions and Additional Information		16. Generator's Certification		17. Transporter 1 Acknowledgement of Receipt of Materials		18. Transporter 2 Acknowledgement of Receipt of Materials		19. Discrepancy Indication Space	
WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT		GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.		17. Transporter 1 Acknowledgement of Receipt of Materials		18. Transporter 2 Acknowledgement of Receipt of Materials		19. Discrepancy Indication Space	
Printed/Typed Name		Signature		Printed/Typed Name		Signature		Month Day Year	
ROBIN OSEAS		Robin Oseas		DROVER CHEMICAL		Drover Chemical		1/21/88	
17. Transporter 1 Acknowledgement of Receipt of Materials		18. Transporter 2 Acknowledgement of Receipt of Materials		19. Discrepancy Indication Space		20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.		21. Facility Owner or Operator Signature	
Printed/Typed Name		Signature		Printed/Typed Name		Signature		Month Day Year	
DROVER CHEMICAL		Drover Chemical		Steve Pickner		Steve Pickner		1/20/88	
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.		21. Facility Owner or Operator Signature		22. Facility Owner or Operator Signature		23. Facility Owner or Operator Signature		24. Facility Owner or Operator Signature	
Printed/Typed Name		Signature		Printed/Typed Name		Signature		Month Day Year	
Steve Pickner		Steve Pickner		Steve Pickner		Steve Pickner		1/20/88	

03140312
CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESP.

211123-04

Please print or type. (Form designed for use on elite or pitch typewriter)

Instructions on the back

88140311
 IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802. WITHIN CALIFORNIA CALL 1-800-862-7550

**UNIFORM HAZARDOUS
 WASTE MANIFEST**

1. Generator's US EPA ID No.

C A D 0 0 0 8 3 2 8 3 3 4 0 9 3 3

Manifest
 Document No.

2. Page 1
 of 1

Information in the shaded areas
 is not required by Federal law

3. Generator's Name and Mailing Address

**ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
 11600 SHERMAN WAY, N. HOLLYWOOD, CA 91606**

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number

88140311

B. State Generator's ID

HAHQ030009097

5. Transporter 1 Company Name

6. US EPA ID Number

7. Transporter 2 Company Name

8. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone 800-577-5775

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address

**CHEMICAL WASTE MANAGEMENT
 35251 old skyline drive
 Kettleman City, CA 93239**

10. US EPA ID Number

C A T 0 0 0 6 4 6 1 1 7

G. State Facility's ID

CAT000646117

H. Facility's Phone

(800) 222-2964

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

**RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
 NA 9189 (U226/U228) (contaminated soil)**

12. Containers
 No. Type

0 0 1 D T

13. Total
 Quantity

14. Unit
 Wt/Vol

T

1. Waste No.

State
611/751

EPA/Other
U226/U228

State

EPA/Other

State

EPA/Other

State

EPA/Other

J. Additional Descriptions for Materials Listed Above

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a. **03**

c.

b.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16.

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Printed/Typed Name

ROBIN OSEAS

Signature

[Signature]

Month Day Year

11-14-88

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Jeffrey H. Anderson

Signature

[Signature]

Month Day Year

11-14-88

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

Printed/Typed Name

Steve Pickell

Signature

[Signature]

Month Day Year

12-09-88

88140311

Print or type. (Form designed for use on elite (12-pitch typewriter).

Instructions on the Back

**UNIFORM HAZARDOUS
WASTE MANIFEST**

1. Generator's US EPA ID No.

Manifest
Document No.

2. Page 1

Information in the shaded areas
is not required by Federal law.

3. Generator's Name and Mailing Address

**ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605**

4. Generator's Phone (818)

765-1010

5. Transporter 1 Company Name

6. US EPA ID Number

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

**CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239**

10. US EPA ID Number

A. State Manifest Document Number

88140310

B. State Generator's ID

C. State Transporter's ID

D. Transporter's Phone

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

H. Facility's Phone

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers

13. Total Quantity

Unit
Wt./Vol

Waste No.

a. **RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (U226/U228) (contaminated soil)**

01 01 1 D1 T U226/U228 T

State
611/751

EPA/Other
U226/U228

EPA/Other

State

EPA/Other

State

EPA/Other

J. Additional Descriptions for Materials Listed Above

PROFILE LAX N 66176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a. **03**

c.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16.

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

12/1/88

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Donald

Signature

Donald

Month Day Year

1/13/89

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

Printed/Typed Name

Steve Phil

Signature

Steve Phil

Month Day Year

1/20/88

88140310
IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL HAZARDOUS WASTE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-952-7550

GENERATOR

TRANSPORTER

FACILITY

88140309

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

GENERATOR

TRANSPORTER

FACILITY

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. C I A D 0 0 0 8 1 3 1 2 5 1 3 1 4 0 0 1 2		Manifest Document No. 10012		2. Page 1 of 1		Information in the shaded areas is not required by Federal law	
3. Generator's Name and Mailing Address ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION 11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605						A. State Manifest Document Number 88140309			
4. Generator's Phone (818) 765-1010						B. State Generator's ID 81403090000000000000000000000000			
5. Transporter 1 Company Name ALLIED SIGNAL			6. US EPA ID Number C I A T 0 0 0 6 1 1 7			C. State Transporter's ID 902743		D. Transporter's Phone 805 373-1151	
7. Transporter 2 Company Name			8. US EPA ID Number			E. State Transporter's ID		F. Transporter's Phone	
9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT 35251 OLD SKYLINE DRIVE KETTLEMAN CITY, CA 93239						10. US EPA ID Number C I A T 0 0 0 6 1 1 7		G. State Facility's ID C I A T 0 0 0 6 1 1 7	
						H. Facility's Phone (800) 222-2964			
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)				12. Containers No. Type		13. Total Quantity		14. Unit Wt/Vol	
a. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (U226/U228) (contaminated soil)				0 0 1 D T C U M 2 5		T		State 611/751 EPA/Other U226/U228	
b.								State EPA/Other	
c.								State EPA/Other	
d.								State EPA/Other	
J. Additional Descriptions for Materials Listed Above PROFILE LAX N 65176 CONTAMINATED SOIL FROM SITE REMEDIATION						K. Handling Codes for Wastes Listed Above a. 03 b. c. d.			
15. Special Handling Instructions and Additional Information WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT									
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.									
Printed/Typed Name ROBIN OSEAS				Signature <i>Robin Oseas</i>				Month Day Year 1/3/78	
17. Transporter 1 Acknowledgement of Receipt of Materials									
Printed/Typed Name AL WALKER				Signature <i>Al Walker</i>				Month Day Year 1/2/78	
18. Transporter 2 Acknowledgement of Receipt of Materials									
Printed/Typed Name				Signature				Month Day Year	
19. Discrepancy Indication Space									
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.									
Printed/Typed Name STEVE BARKER				Signature <i>Steve Barker</i>				Month Day Year 1/2/78	

Please print or type (Form designed for use on elite (12 pin typewriter).

Instructions on the B

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.

Manifest
 Document No.

2. Page 1

Information in the shaded areas
 is not required by Federal law.

CAD0008325334

88140308

3. Generator's Name and Mailing Address

ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
 11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone

818 765-1010

5. Transporter 1 Company Name

6. US EPA ID Number

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

CHEMICAL WASTE MANAGEMENT
 35251 OLD SKYLINE DRIVE
 KETTLEMAN CITY, CA 93239

10. US EPA ID Number

A. State Manifest Document Number

B. State Generator's ID

C. State Transporter's ID

D. Transporter's Phone

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

H. Facility's Phone

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers

No.

Type

13. Total Quantity

14. Unit Wt/Vol

15. Waste No.

a. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
 NA 9189 (U226/U228) (contaminated soil)

0,012

DIT

0.0125

T

State

611/751

EPA/Other

U226/U228

State

EPA/Other

State

EPA/Other

State

EPA/Other

State

EPA/Other

State

EPA/Other

J. Additional Descriptions for Materials Listed Above

PROFILE LAX N 05176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a.

03

b.

c.

d.

16. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

18.

GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

11/1/88

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Steve Tison

Signature

Steve Tison

Month Day Year

11/2/88

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

11/2/88

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

STEVE TISON

Signature

Steve Tison

Month Day Year

11/2/88

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

GENERATOR

TRANSPORTER

FACILITY

174104-06

Instructions on the back

88140307

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

GENERATOR
TRANSPORTER
FACILITY

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. CAD00083215314		Manifest Document No. 109329		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.					
3. Generator's Name and Mailing Address ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION 11600 SHERMAN WAY, N. HOLLYWOOD, CA 91606						A. State Manifest Document Number 88140307							
4. Generator's Phone (818) 95 765-1010						B. State Generator's ID HAH036009097							
5. Transporter 1 Company Name WILSON						C. State Transporter's ID 91165							
6. US EPA ID Number WILSON						D. Transporter's Phone 818-371-1151							
7. Transporter 2 Company Name						E. State Transporter's ID							
8. US EPA ID Number						F. Transporter's Phone							
9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT 35251 OLD SKYLINE DRIVE KETTLEMAN CITY, CA 93239						G. State Facility's ID CAT000646117							
10. US EPA ID Number CAT000646117						H. Facility's Phone (800) 222-2964							
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers No. Type		13. Total Quantity		14. Unit Wt/Vol		15. Waste No.	
a. RQ, HAZARDOUS WASTE SOLID, N.O.S., 604-E NA 9189 (u226/U228) (contaminated soil)						001 RT 4443						State 611/751 EPA/Other U226/U228	
b.												State EPA/Other	
c.												State EPA/Other	
d.												State EPA/Other	
J. Additional Descriptions for Materials Listed Above PROFILE LAX H 65176 CONTAMINATED SOIL FROM SITE REMEDIATION						K. Handling Codes for Wastes Listed Above a. 03 b. c. d.							
15. Special Handling Instructions and Additional Information WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT													
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.													
Printed/Typed Name ROBIN OSEAS						Signature <i>Robin Oseas</i>						Month Day Year 12 13 1991	
17. Transporter 1 Acknowledgement of Receipt of Materials													
Printed/Typed Name DOUG HOGAR						Signature <i>Doug Hogar</i>						Month Day Year 12 13 1991	
18. Transporter 2 Acknowledgement of Receipt of Materials													
Printed/Typed Name						Signature						Month Day Year	
19. Discrepancy Indication Space													
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.													
Printed/Typed Name STEVE BLANK						Signature <i>Steve Blank</i>						Month Day Year 12 13 1991	

WAK 7 20

Please print or type. (Form designed for use on elite (12 pin) typewriter)

Instructions on the Back

**UNIFORM HAZARDOUS
WASTE MANIFEST**

1. Generator's US EPA ID No.

Manifest
Document No.

Page 1
of

Information in the shaded areas
is not required by Federal law.

3. Generator's Name and Mailing Address

**ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91606**

4. Generator's Phone (**818 765-1010**)

5. Transporter 1 Company Name

6. US EPA ID Number

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

**CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239**

10. US EPA ID Number

A. State Manifest Document Number

88140306

B. State Generator's ID

C. State Transporter's ID

D. Transporter's Phone

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

H. Facility's Phone

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers
No. Type

13. Total
Quantity

14. Unit
Wt/Vol

I. Waste No.

a. **RD. HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (U226/U228) (contaminated soil)**

0101 DIT

110214

T

State
611/761
EPA/Other
10236/U228
State

J. Additional Descriptions for Materials Listed Above

PROFILE LAX N 65176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a. **03**

c.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16.

GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

-If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

11/1/88

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

STEVEN CHARNIN

Signature

Steven Charnin

Month Day Year

1/20/89

88140306
GENERATOR

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RES.

FACILITY

**UNIFORM HAZARDOUS
WASTE MANIFEST**

1. Generator's US EPA ID No.

CAD008325334

Manifest
Document No.

2. Page 1
of 1

Information in the shaded areas
is not required by Federal law.

3. Generator's Name and Mailing Address

ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91606

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number

88140305

B. State Generator's ID

CAW0260020971

5. Transporter 1 Company Name

6. US EPA ID Number

KAT000646117

C. State Transporter's ID

907001

D. Transporter's Phone (202) 375-3772

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address

CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number

CAT000646117

G. State Facility's ID

CA7000646117

H. Facility's Phone

(800) 222-2964

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers
No. Type

13. Total
Quantity

14. Unit
Wt/Vol

I. Waste No.

a. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORN-E
NA 9189 (U226/U228) (contaminated soil)

001 DT 94444 T

State 611/761

EPA/Other 1226/1228

b.

State

EPA/Other

c.

State

EPA/Other

d.

State

EPA/Other

J. Additional Descriptions for Materials Listed Above

PROFILE LAX H 65176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a. 03

c.

b.

d.

15. Special Handling Instructions and Additional Information

NEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16.

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

1/21/88

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Joe Gomes

Signature

Joe Gomes

Month Day Year

1/29/88

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

STAN BRISAK AT

Signature

Stan Brisak

Month Day Year

1/20/88

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

GENERATOR

TRANSPORTER

FACILITY

**UNIFORM HAZARDOUS
WASTE MANIFEST**

1. Generator's US EPA ID No.

Manifest
Document No.

2. Page 1
of

Information in the shaded areas
is not required by Federal law.

3. Generator's Name and Mailing Address

**ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605**

4. Generator's Phone

818 765-1010

5. Transporter 1 Company Name

6. US EPA ID Number

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

**CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTERMAN CITY, CA 93239**

10. US EPA ID Number

A. State Manifest Document Number

88140304

B. State Generator's ID

C. State Transporter's ID

D. Transporter's Phone

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

H. Facility's Phone

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

**RQ. HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (U226/U228) (contaminated soil)**

12. Containers
No. Type

13. Total
Quantity

14. Unit
Wt/Vol

15. Waste No.

State

EPA/Other

State

EPA/Other

State

EPA/Other

State

EPA/Other

J. Additional Descriptions for Materials Listed Above

PROFILE LAX H 65176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a. **03**

c.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16.

GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

1/17/88

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Don Wetzel

Signature

Don Wetzel

Month Day Year

1/21/88

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

Printed/Typed Name

STEVE WASHBURN

Signature

Steve Washburn

Month Day Year

1/21/88

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-6802; WITHIN CALIFORNIA CALL 1-800-852-7550

88140304

GENERATOR

TRANSPORTER

FACILITY

**UNIFORM HAZARDOUS
WASTE MANIFEST**

1. Generator's US EPA ID No.

Manifest
Document No.

2. Page 1
of

Information in the shaded areas
is not required by Federal law.

3. Generator's Name and Mailing Address

**ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605**

4. Generator's Phone

(818) 765-1010

5. Transporter 1 Company Name

6. US EPA ID Number

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

**CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239**

10. US EPA ID Number

A. State Manifest Document Number

88140302

B. State Generator's ID

C. State Transporter's ID

D. Transporter's Phone

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

H. Facility's Phone

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers
No. Type

13. Total
Quantity

14. Unit
WT/Vol

1. Waste No.

a. **RO, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (U226/U228) (contaminated soil)**

0101 DIT 12 1/2 T

State
611/781
EPA/ORM
U226/U228
SHE

b.

c.

d.

EPA/Other
State
EPA/Other
State
EPA/Other

J. Additional Descriptions for Materials Listed Above

PROFILE LAX H 08176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a. **03**

b.

c.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16.

GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

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Printed/Typed Name

ROBIN OSEAS

Signature

Month Day Year

1/20/78

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

1/21/78

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

Printed/Typed Name

Steve Pickell

Signature

St Pickell

Month Day Year

1/20/78

Instructions on the back

UNIFORM HAZARDOUS
WASTE MANIFEST

1. Generator's US EPA ID No.

CAD0008325334

Manifest
Document No.

2. Page 1

Information in the shaded areas
is not required by Federal law.

3. Generator's Name and Mailing Address

ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91606

4. Generator's Phone (818)

765-1010

5. Transporter 1 Company Name

6. US EPA ID Number

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number

CAT000646117

A. State Manifest Document Number

88140301

B. State Generator's ID

HAH036009097

C. State Transporter's ID

D. Transporter's Phone (557) 51151

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

CAT000646117

H. Facility's Phone

(800) 222-2964

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers

No.

Type

13. Total Quantity

14. Unit

Wt./Vol

I. Waste No.

a. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (U226/U228) (contaminated soil)

001 DIT OPPR T

State 611/761

EPA/Other U226/U228

State

EPA/Other

State

EPA/Other

State

EPA/Other

J. Additional Descriptions for Materials Listed Above

PROFILE LAX H 68176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a. 03

c.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16.

GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

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Printed/Typed Name

ROBIN OSEAS

Signature

[Signature]

Month Day Year

11-11-88

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Steve Tison

Signature

[Signature]

Month Day Year

11-19-88

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

11-19-88

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 18.

Printed/Typed Name

Steve

Signature

[Signature]

Month Day Year

1/20/78

Instructions on the Back

UNIFORM HAZARDOUS
WASTE MANIFEST

1. Generator's US EPA ID No.

Manifest
Document No.

Page 1

Information in the shaded areas
is not required by Federal law

2. Generator's Name and Mailing Address

ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91606

4. Generator's Phone (818) 765-1010

5. Transporter 1 Company Name

6

US EPA ID Number

7. Transporter 2 Company Name

8

US EPA ID Number

9. Designated Facility Name and Site Address

10

US EPA ID Number

CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

ICAT0000646117

(800) 222-2964

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers
No. Type

13. Total
Quantity

14. Unit
Wt/Vol

15. Waste No.

a. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA9189 (U226/U228) (contaminated soil)

0,01 DT

State
611/751
EPA/Other
U226/U228

b.

c.

d.

J. Additional Descriptions for Materials Listed Above

PROFILE LAX H 65176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a. 03

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16.

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

12/1/88

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

DODY HAGAR

Signature

Dody Hagar

Month Day Year

12/1/88

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

Printed/Typed Name

Steve Pickel

Signature

Steve Pickel

Month Day Year

1/20/89

884856U1

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-9802; WITHIN CALIFORNIA CALL 1-800-952-7550

Instructions on the back

UNIFORM HAZARDOUS
WASTE MANIFEST

Generator's US EPA ID No.

Manifest
Document No.

2. Page 1
of

Information in the shaded areas
is not required by Federal law.

3. Generator's Name and Mailing Address

ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605
818 766-1010

4. Generator's Phone

6. US EPA ID Number

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTMAN CITY, CA 93239

10. US EPA ID Number

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

a. RO. HAZARDOUS WASTE SOLID, N.O.S., ORN-E
NA 9189 (U228/U228) (contaminated soil)

12. Containers

No.

Type

13. Total
Quantity

14. Unit
Wt/Vol

15. Waste No.

01011 DIT 01061215 T

J. Additional Descriptions for Materials Listed Above

PROFILE LAX N 68176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a.

b.

c.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

11/11/88

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

GRIVER CHEATWOOD

Signature

Griver Cheatwood

Month Day Year

11/10/88

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

Printed/Typed Name

Steve Pickens

Signature

Steve Pickens

Month Day Year

1/20/89

884856UU
IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

Instructions on the Form

Information in the shaded areas
is not required by Federal law.

GENERATOR

TRANSPORTER

F
1

88485599

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

174057.06

Please print or type (Form designed for use on elite (4) typewriter).

Instructions on the Back

UNIFORM HAZARDOUS
WASTE MANIFEST

1. Generator's US EPA ID No.

Manifest
Document No.

Page 1
of

Information in the shaded areas
is not required by Federal law.

3. Generator's Name and Mailing Address

ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

5. Transporter 1 Company Name

6. US EPA ID Number

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

10. US EPA ID Number

CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

A. State Manifest Document Number
88485598

B. State Generator's ID

C. State Transporter's ID

D. Transporter's Phone

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

H. Facility's Phone

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers

No.

Type

13. Total
Quantity

14. Unit
Wt/Vol

15. Waste No.

a. RO, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (U226/U228) (contaminated soil)

0

0

1

D

T

1

T

State
811/761

EPA/Other
U226/U228

State

EPA/Other

State

EPA/Other

State

EPA/Other

J. Additional Descriptions for Materials Listed Above

PROFILE LAX N 08176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a.

03

b.

c.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16.

GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

12/1/88

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Joe Garcia

Signature

Joe Garcia

Month Day Year

1/20/89

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

Steve Pickard

Signature

Steve Pickard

Month Day Year

1/20/88

Do Not Write Below This Line

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL HAZARDOUS WASTE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

88485598

GENERATOR

TRANSPORTER

FACILITY

Please print or type. (Form designed for use on elite or pitch typewriter).

Instructions on the back

UNIFORM HAZARDOUS WASTE MANIFEST

Generator's US EPA ID No.

Manifest Document No.

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address

**ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
 11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605**

4. Generator's Phone

(818) 765-1010

5. Transporter 1 Company Name

6. US EPA ID Number

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

10. US EPA ID Number

**CHEMICAL WASTE MANAGEMENT
 35251 OLD SKYLINE DRIVE
 KETTLEMAN CITY, CA 93239**

ICAT0000646117

A. State Manifest Document Number

88485598

B. State Generator's ID

HA0036000007

C. State Transporter's ID

805-973-1157

D. Transporter's Phone

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

CA7000646117

H. Facility's Phone

(800) 222-2864

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers

No. Type

13. Total Quantity

14. Unit

15. Waste No.

**a. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
 NA 9189 (U226/U228) (contaminated soil)**

001 DT

1215

T

State

611/751

EPA/Other

U226/U228

State

U226/U228

EPA/Other

U226/U228

State

U226/U228

EPA/Other

U226/U228

State

U226/U228

EPA/Other

U226/U228

J. Additional Descriptions for Materials Listed Above

PROFILE LAX-H 05176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a.

03

b.

c.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16.

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

1/1/88

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Steve T...

Signature

Steve T...

Month Day Year

1/20/88

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

Printed/Typed Name

Steve...

Signature

Steve...

Month Day Year

1/20/88

Do Not Write Below This Line

88485596
 IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

GENERATOR

TRANSPORTER

FACILITY

Instructions on the Back

UNIFORM HAZARDOUS
WASTE MANIFEST

Generator's US EPA ID No.

Manifest
Document No.

2. Page 1
of 1

Information in the shaded areas
is not required by Federal law.

3. Generator's Name and Mailing Address

ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

5. Transporter 1 Company Name

6. US EPA ID Number

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

10. US EPA ID Number

CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

CAT0000646117

A. State Manifest Document Number

88485595

B. State Generator's ID

MAN036000001

C. State Transporter's ID 902443

D. Transporter's Phone 805-313-1151

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

CAT0000646117

H. Facility's Phone

(800) 222-2964

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers
No. Type

13. Total
Quantity

14. Unit
Wt/Vol

L
Waste No.

a. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (U226/U228) (contaminated soil)

99197

1215

T

State

611/751

EPA/Other

U226/U228

State

EPA/Other

State

EPA/Other

State

EPA/Other

J. Additional Descriptions for Materials Listed Above

PROFILE LAX N 06176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a. 03

c.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

1/15/88

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

WILLIAM R CHAPMAN

Signature

William R Chapman

Month Day Year

1/26/88

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

Printed/Typed Name

STEVE BRAN R1

Signature

Steve Bran

Month Day Year

1/26/88

88485595

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

GENERATOR

TRANSPORTER

FACILITY

Instructions on the Back

UNIFORM HAZARDOUS
WASTE MANIFEST

Generator's US EPA ID No.

Manifest
Document No.

Page 1
of

Information in the shaded areas
is not required by Federal law.

3. Generator's Name and Mailing Address

ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone

818 755-1010

5. Transporter 1 Company Name

6. US EPA ID Number

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number

CAIT0101016141611117

A. State Manifest Document Number

88485594

B. State Generator's ID

CAIT0101016141611117

C. State Transporter's ID

505-397-151

D. Transporter's Phone

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

CAIT0101016141611117

H. Facility's Phone

(800) 222-2964

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers
No. Type

13. Total
Quantity

14. Unit
Wt/Vol

15. Waste No.

a. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (U226/U228) (contaminated soil)

01011 DIT

111118 Y

State
EPA/ORM
U226/U228

b.

State
EPA/Other

c.

State
EPA/Other

d.

State
EPA/Other

J. Additional Descriptions for Materials Listed Above

PROFILE LAX H 05176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a. 03

b.

c.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16.

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

12/11/18

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

OSCAR GARCIA

Signature

Oscar Garcia

Month Day Year

12/11/18

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

STEVE BAKER

Signature

Steve Baker

Month Day Year

12/11/18

88485594
IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

**UNIFORM HAZARDOUS
WASTE MANIFEST**

Generator's US EPA ID No.

Manifest Document No.

2. Page 1

Information in the shaded areas
is not required by Federal law.

3. Generator's Name and Mailing Address

**ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605**

4. Generator's Phone (818) 768-1010

5. Transporter 1 Company Name

8. US EPA ID Number

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

10. US EPA ID Number

**CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239**

10. US EPA ID Number

A. State Manifest Document Number

88485593

B. State Generator's ID

C. State Transporter's ID

D. Transporter's Phone

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

H. Facility's Phone

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers
No. Type

13. Total
Quantity

14. Unit
Wt/Vol

L
Waste No.

a. **RQ, HAZARDOUS WASTE SOLID, N.O.S., OPN-E
NA 9189 (U226/U228) (contaminated soil)**

0 0 1 D T

400 2 5 T

State

611/761

EPA/Other

U226/U228

b.

c.

d.

J. Additional Descriptions for Materials Listed Above

PROFILE LAX N 65176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a. **03**

c.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16.

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

1/11/81

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

WCMCKENZIE

Signature

WCMCKENZIE

Month Day Year

1/2/86

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

Steve

Signature

Steve

Month Day Year

1/20/81

Please print or type. (Form designed for use on elite (4 pin) typewriter).

Instructions on the Form

UNIFORM HAZARDOUS WASTE MANIFEST

Generator's US EPA ID No.

Manifest Document No.

Page 1 of 1

Information in the shaded areas is not required by Federal law

3. Generator's Name and Mailing Address

**ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91606**

4. Generator's Phone (818) 765-1010

5. Transporter 1 Company Name

6. US EPA ID Number

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

**CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTERMAN CITY, CA 93230**

10. US EPA ID Number

A. State Manifest Document Number

83485592

B. State Generator's ID

C. State Transporter's ID

D. Transporter's Phone

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

H. Facility's Phone

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers
No. Type

13. Total Quantity

14. Unit Wt/Vol

L Waste No.

a. **RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (U226/U228) (contaminated soil)**

001 DT 1.21 33

T

611/781

State
EPA/Other
U226/U228

b.

c.

d.

J. Additional Descriptions for Materials Listed Above

PROFILE LAX H 65176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a.

b.

c.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16.

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

12/11/81

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Larry Driscoll

Signature

Larry Driscoll

Month Day Year

12/11/81

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

[Signature]

Signature

[Signature]

Month Day Year

12/11/81

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

Steve Brown

Signature

Steve Brown

Month Day Year

12/06/81

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

86485592

GENERATOR

TRANSPORTER

FACILITY

44071-08

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

DHS 8022 A (1/88)
EPA 8700—22
(Rev. 9-86) Previous editions are obsolete.

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30

44069 05

Instructions on the back

8-485590
ALIFORNIA CALL

IN CASE OF AN EMERGENCY OR SPILL CALL THE NATIONAL RESPONSE CENTER 1-800-424-6802; WITHIN CALIFORNIA CALL 1-800-852-7550

GENERATOR

TRANSFORM

1
2
3
4
5

Please print or type. (Form designed for use on electric typewriter).

Instructions on the back

UNIFORM HAZARDOUS
WASTE MANIFEST

Generator's US EPA ID No.

CAD008325334

Manifest
Document No.

2. Page 1
of 1

Information in the shaded areas
is not required by Federal law.

3. Generator's Name and Mailing Address

ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91606

4. Generator's Phone (818) 765-1010

5. Transporter 1 Company Name

MP Environmental Services

6. US EPA ID Number

1910006421217

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTELMAN CITY, CA 93239

10. US EPA ID Number

191000646117

A. State Manifest Document Number

88485597

B. State Generator's ID

NAHQ36009097

C. State Transporter's ID

907-99

D. Transporter's Phone

805-7531157

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

CAT000646117

H. Facility's Phone

(800) 222-7964

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

a. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (U226/U228) (contaminated soil)

12. Containers
No. Type

001 DOT 1021212 T

13. Total
Quantity

1021212 T

14. Unit
Wt/Vol

T

L
Waste No.

State 611/751
EPA/Other U226/U228

b.
c.
d.

12. Containers
No. Type

13. Total
Quantity

14. Unit
Wt/Vol

L
Waste No.

J. Additional Descriptions for Materials Listed Above

PROFILE LAW N-06176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a. 03

c.

b.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16.

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day

1/2/07

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

GERALD FOUTCH

Signature

Gerald Foutch

Month Day

1/2/07

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day

1/2/07

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

Steve Pichard

Signature

Steve Pichard

Month Day

1/2/07

A (1/88)

Do Not Write Below This Line

88485597

GENERATOR
TRANSPORTER
FACILITY

Please print or type. (Form designed for use on all 12 pitch typewriter).

Instructions on the back

88485589

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

GENERATOR

TRANSPORTER

FACILITY

UNIFORM HAZARDOUS WASTE MANIFEST		Generator's US EPA ID No. CAD008325334		Manifest Document No. 000000000		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.									
3. Generator's Name and Mailing Address ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION 11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605						A. State Manifest Document Number 83485589											
4. Generator's Phone 818 765-1010						B. State Generator's ID 000000000											
5. Transporter 1 Company Name W. J. ...						C. State Transporter's ID 000000000											
6. US EPA ID Number 000000000						D. Transporter's Phone 805 792 1151											
7. Transporter 2 Company Name						E. State Transporter's ID											
8. US EPA ID Number						F. Transporter's Phone											
9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT 35251 OLD SKYLINE DRIVE KETTLEMAN CITY, CA 93239						G. State Facility's ID 000000000											
10. US EPA ID Number 000000000						H. Facility's Phone (800) 272-2864											
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers No. Type		13. Total Quantity		14. Unit Wt/Vol		15. Waste No.					
a. RO, HAZARDOUS WASTE SOLID, H.O.S., ORM-E NA 9189 (U226/U228) (contaminated soil)						991 DT		T		State 611/751		EPA/Other U226/U228					
b.										State		EPA/Other					
c.										State		EPA/Other					
d.										State		EPA/Other					
J. Additional Descriptions for Materials Listed Above PROFILE LAX # 00176 CONTAMINATED SOIL FROM SITE REMEDIATION						K. Handling Codes for Wastes Listed Above a. 03		b.		c.		d.					
15. Special Handling Instructions and Additional Information WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT																	
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.																	
Printed/Typed Name ROBIN OSEAS						Signature <i>Robin Oseas</i>				Month Day Yr 11/20/88							
17. Transporter 1 Acknowledgement of Receipt of Materials						Printed/Typed Name <i>William R. Chapman</i>				Signature <i>William R. Chapman</i>				Month Day Yr 11/20/88			
18. Transporter 2 Acknowledgement of Receipt of Materials						Printed/Typed Name <i>1</i>				Signature				Month Day Yr			
19. Discrepancy Indication Space																	
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.																	
Printed/Typed Name STEVE BRADLEY						Signature <i>Steve Bradley</i>				Month Day Yr 11/20/88							

Print or type. (Form designed for use on slit pitch typewriter)

Instructions on the back

UNIFORM HAZARDOUS WASTE MANIFEST

Generator's US EPA ID No.

Manifest
Document No.

2. Page 1
of

Information in the shaded areas
is not required by Federal law.

3. Generator's Name and Mailing Address

**ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605**

4. Generator's Phone (818) 765-1010

5. Transporter 1 Company Name

6. US EPA ID Number

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

**CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239**

10. US EPA ID Number

A. State Manifest Document Number

88485588

B. State Generator's ID

C. State Transporter's ID

D. Transporter's Phone

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

(800) 222-2964

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers

13. Total
Quantity

14. Unit
Wt/Vol

L
Waste No.

a. **RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (U226/U228) (contaminated soil)**

No.

Type

15. State

State

EPA/Other

U226/U228

EPA/Other

State

EPA/Other

State

EPA/Other

J. Additional Descriptions for Materials Listed Above

PROFILE LAX H 65176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a.

03

b.

c.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16.

GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

1/12/1991

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

GRONER

Signature

Groner

Month Day Year

1/12/1991

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

STEVE BRADY

Signature

Steve Brady

Month Day Year

1/12/1991

88485588

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

GENERATOR

TRANSPORTER

FACILITY

Please print or type. (Form designed for use on elite (12-pitch typewriter).

Instructions on the back

UNIFORM HAZARDOUS
WASTE MANIFEST

1. Generator's US EPA ID No.

Manifest
Document No.

2. Page 1
of 1

Information in the shaded areas
is not required by Federal law.

3. Generator's Name and Mailing Address

ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone

818 765-1010

5. Transporter 1 Company Name

6

US EPA ID Number

7. Transporter 2 Company Name

8

US EPA ID Number

9. Designated Facility Name and Site Address

10

US EPA ID Number

CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLERMAN CITY, CA 93239

ICAT 0000646117

G. State Facility's ID

CAT 0000646117

H. Facility's Phone

(800) 222-2964

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers
No. Type

13. Total
Quantity

14.
Unit
Wt/Vol

L
Waste No.

a. RQ, HAZARDOUS WASTE SOLID, H.O.S., ORM-E
NA 9189 (U226, U228) (contaminated soil)

0 0 1 0 1

DIT

1221/15

T

State

611/751

EPA/Other

U226/U228

EPA/Other

State

EPA/Other

State

EPA/Other

J. Additional Descriptions for Materials Listed Above

PROFILE LAX N 66176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a.

03

b.

c.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16.

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

12/1/88

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Steve

Signature

Steve

Month Day Year

12/1/88

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

Printed/Typed Name

STEVE ROBIN OSEAS

Signature

Steve

Month Day Year

12/1/88

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

88485586

Instructions on the back

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. C A D 0 0 1 8 3 2 5 3 3 4		Manifest Document No. 100226		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.													
3. Generator's Name and Mailing Address ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION 11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605						A. State Manifest Document Number 88485585															
4. Generator's Phone (818) 765-1010						B. State Generator's ID NA 189 1226 1228															
5. Transporter 1 Company Name			6. US EPA ID Number C A T 0 0 0 6 4 6 1 1 7			C. State Transporter's ID 707603		D. Transporter's Phone 800-877-3723													
7. Transporter 2 Company Name			8. US EPA ID Number			E. State Transporter's ID		F. Transporter's Phone													
9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT 35251 OLD SKYLINE DRIVE KETTLEMAN CITY, CA 93239						10. US EPA ID Number C A T 0 0 0 6 4 6 1 1 7		G. State Facility's ID C A T 0 0 0 6 4 6 1 1 7													
						H. Facility's Phone (800) 222-2964															
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers No. Type		13. Total Quantity		14. Unit Wt/Vol		15. Waste No.									
a. RQ. HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (U226/U228) (contaminated soil)						0 0 1 3 D I T		4 9 2 7 4 T				State 611/751 EPA/Other 1226/1228									
b.												State EPA/Other									
c.												State EPA/Other									
d.												State EPA/Other									
J. Additional Descriptions for Materials Listed Above PROFILE LAX H 68176 CONTAMINATED SOIL FROM SITE REMEDIATION						K. Handling Codes for Wastes Listed Above a. 03 b. c. d.															
15. Special Handling Instructions and Additional Information WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT																					
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Printed/Typed Name ROBIN OSEAS						Signature <i>[Signature]</i>				Month Day Year 11 19 88											
17. Transporter 1 Acknowledgement of Receipt of Materials						Printed/Typed Name <i>[Signature]</i>				Signature <i>[Signature]</i>				Month Day Year 11 19 88							
18. Transporter 2 Acknowledgement of Receipt of Materials						Printed/Typed Name				Signature				Month Day Year							
19. Discrepancy Indication Space																					
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.						Printed/Typed Name <i>[Signature]</i>								Signature <i>[Signature]</i>				Month Day Year 11 19 88			

Do Not Write Below This Line

114057 06

Instructions on the E

88485584

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

GENERATOR

TRANSPORTER

FACILITY

UNIFORM HAZARDOUS
WASTE MANIFEST

1. Generator's US EPA ID No.

Manifest
Document No.

2. Page 1
of

Information in the shaded areas
is not required by Federal law

3. Generator's Name and Mailing Address

ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91606

4. Generator's Phone

818 765-1010

5. Transporter 1 Company Name

6. US EPA ID Number

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

10. US EPA ID Number

CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

A. State Manifest Document Number

88485584

B. State Generator's ID

C. State Transporter's ID

D. Transporter's Phone

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

H. Facility's Phone

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers

No.

Type

13. Total
Quantity

14. Unk
Wt/Vol

1. Waste No.

a.

RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (U226/U228) (contaminated soil)

0101 D T 215 T

b.

c.

d.

J. Additional Descriptions for Materials Listed Above

PROFILE LAX M 65176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a.

03

c.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16.

GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

1/11/88

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Joe Thomas

Signature

Joe Thomas

Month Day Year

1/12/88

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

Printed/Typed Name

Steve Pickett

Signature

Steve Pickett

Month Day Year

1/20/88

Instructions on the Form

88485583

GENERATOR

TRANSPORTER

FACILITY

Do Not Write Below This Line

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN :

IF AN EMERGENCY OR CRISIS CALL THE NATIONAL RESPIRATORY CENTER 1-800-424-8802. WITHIN CALIFORNIA CALL 1-800-852-7550

DHS 8022 A (1/88)
EPA 8700-22
(Rev. 9-86) Previous editions are obsolete.

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30

44040-05

Instructions on the Back

UNIFORM HAZARDOUS
WASTE MANIFEST

1. Generator's US EPA ID No.

CIA0008325334

Manifest
Document No.

2. Page 1

Information in the shaded areas
is not required by Federal law.

3. Generator's Name and Mailing Address

ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone

(818) 765-1010

5. Transporter 1 Company Name

M.P. VACUUM

6. US EPA ID Number

CA T 0 0 0 6 2 4 2 4 7

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number

CA T 0 0 0 6 4 6 1 1 7

A. State Manifest Document Number

88485581

B. State Generator's ID

WAH036009097

C. State Transporter's ID

917654

D. Transporter's Phone

805-343-1151

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

CA T 0 0 0 6 4 6 1 1 7

H. Facility's Phone

(800) 222-2964

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

a. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (U226/U228) (contaminated soil)

12. Containers

No. Type

0,0,1 D,T

13. Total
Quantity

0,0,0,2,4

14. Unit
Wt/Vol

T

I. Waste No.

State 811/781

EPA/Other 11226/U228

State

EPA/Other

State

EPA/Other

State

EPA/Other

State

EPA/Other

State

EPA/Other

J. Additional Descriptions for Materials Listed Above

PROFILE LAX N 88176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a. B3

c.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16.

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

11/99/98

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

W.C. McKelzie

Signature

W.C. McKelzie

Month Day Year

11/20/98

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

STUCK BRAIN RE

Signature

Stuck Brain

Month Day Year

11/20/98

Instructions on the back

88485580

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

GENERATOR

FACILITY

Instructions on the Back

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. G A D Q Q 8 3 2 5 3 3 4	Manifest Document No. 111111	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION 11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605			A. State Manifest Document Number 88485579		
4. Generator's Phone (818) 765-1010			B. State Generator's ID HAHQ3600000097		
5. Transporter 1 Company Name M. P. VACUUM		6. US EPA ID Number CAT0000624247		C. State Transporter's ID 902743	
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone 803-393-1151	
9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT 35251 OLD SKYLINE DRIVE KETTLEMAN CITY, CA 93239			10. US EPA ID Number CAT0000646117		E. State Transporter's ID
					F. Transporter's Phone
			G. State Facility's ID CAT0000646117		H. Facility's Phone (800) 222-2964
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)			12. Containers No. Type	13. Total Quantity	14. Unit Wt/Vol
a. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (U226/U228) (contaminated soil)			9914 TC	010125	T
b.					
c.					
d.					
J. Additional Descriptions for Materials Listed Above PROFILE LAX H 68176 CONTAMINATED SOIL FROM SITE REMEDIATION			K. Handling Codes for Wastes Listed Above a. 03 b. c. d.		
15. Special Handling Instructions and Additional Information WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.					
Printed/Typed Name ROBIN OSEAS			Signature <i>Robin Oseas</i>		Month Day Year 11 19 88
17. Transporter 1 Acknowledgement of Receipt of Materials					
Printed/Typed Name W. FLOON & COMPANY			Signature <i>W. Floon & Co.</i>		Month Day Year 11 19 88
18. Transporter 2 Acknowledgement of Receipt of Materials					
Printed/Typed Name			Signature		Month Day Year
19. Discrepancy Indication Space					
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.					
Printed/Typed Name Steve Pickel			Signature <i>Steve Pickel</i>		Month Day Year 12 02 88

Please print or type. (Form designed for use on elite (12 pitch typewriter).

Instructions on the back

UNIFORM HAZARDOUS
WASTE MANIFEST

1. Generator's US EPA ID No.

Manifest
Document No.

2. Page 1
of

Information in the shaded areas
is not required by Federal law.

3. Generator's Name and Mailing Address

ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone () (818) 765-1010

5. Transporter 1 Company Name

M.P. VACUUM

6. US EPA ID Number

ICAT000061214121417

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number

ICAT0000461117

A. State Manifest Document Number

88485578

B. State Generator's ID

HAHQ30009097

C. State Transporter's ID

903700

D. Transporter's Phone

805-393-1151

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

ICAT0000461117

H. Facility's Phone

(800) 322-2964

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

a. RQ. HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA9189 (U226/U228) (contaminated soil)

12. Containers
No. Type

001 DT 010121415 T

13. Total
Quantity

14. Unit
Wt/Vol

L
Waste No.

State
611/761

EPA/Other
U226/U228

State

EPA/Other

State

EPA/Other

State

EPA/Other

J. Additional Descriptions for Materials Listed Above

PROFILE LAX # 00176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a. 03

c.

b.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PTOE
PROTECTIVE EQUIPMENT

16.

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

1/12/13

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

1/16/13

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

Printed/Typed Name

STANLEY BROWN JR

Signature

Stanley Brown Jr

Month Day Year

1/16/13

Do Not Write Below This Line

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RES. USE CENTER 1-800-424-6802; WITHIN CALIFORNIA CALL 1-800-852-7550

GENERATOR

TRANSPORTER

FACILITY

400

88485577

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

GENERATOR

TRANSPORTER

FACILITY

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.

C A D 0 0 8 3 2 5 3 3 4

Manifest Document No.

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address

**ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605**

4. Generator's Phone (818) 765-1010

5. Transporter 1 Company Name

M. P. VACUUM

6. US EPA ID Number

C A T 0 0 0 6 2 4 2 4 7

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

**CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239**

10. US EPA ID Number

C A T 0 0 0 6 4 6 1 1 7

A. State Manifest Document Number

88485577

B. State Generator's ID

H A H 0 3 6 0 0 9 0 9 7

C. State Transporter's ID

903680

D. Transporter's Phone 805-393-1131

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

C A T 0 0 0 6 4 6 1 1 7

H. Facility's Phone

(800) 222-2964

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

**RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (U226/U228) (contaminated soil)**

12. Containers No. Type

0101 DIT 0102315 T

13. Total Quantity

14. Unit Wt/Vol

15. Waste No.

State 611/751

EPA/Other U226/U228

State

EPA/Other

State

EPA/Other

State

EPA/Other

J. Additional Descriptions for Materials Listed Above

PROFILE LAX H 66176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a. 03

c.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16.

GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

12 22 89

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

BARBARA J. HENNING

Signature

Barbara J. Henning

Month Day Year

12 22 89

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

12 22 89

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

Steve Pickett

Signature

Steve Pickett

Month Day Year

12 29 88

4035-14

Instructions on the Back

88485576

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8902; WITHIN CALIFORNIA CALL 1-800-852-7550

GENERATOR

TRANSPORTER

FACILITY

UNIFORM HAZARDOUS
WASTE MANIFEST

Generator's US EPA ID No.

Manifest Document No.

2. Page 1

Information in the shaded areas
is not required by Federal law.

3. Generator's Name and Mailing Address

ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone ()

818 765-1010

5. Transporter 1 Company Name

DISPOSAL CONTROL

6. US EPA ID Number

CA17081003011814

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number

CA17081006461117

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

a. RQ. HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (U226/U228) (contaminated soil)

12. Containers
No. Type

0101 01T 010101214 T

13. Total
Quantity

14. Unit
Wt/Vol

15. Waste No.

State

611/751

EPA/Other

U226/U228

EPA/Other

State

EPA/Other

State

EPA/Other

J. Additional Descriptions for Materials Listed Above

PROFILE LAX # 65176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a. 03

c.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

11/21/18

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Joseph R. T. A. R.

Signature

Joseph R. T. A. R.

Month Day Year

11/21/18

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

Printed/Typed Name

STEVE BRADEN RT

Signature

Steve Braden

Month Day Year

11/21/18

4021-11

Instructions on the Back

UNIFORM HAZARDOUS
WASTE MANIFEST

1. Generator's US EPA ID No.

CAD008325334

Manifest
Document No.

2. Page 1
of 1

Information in the shaded areas
is not required by Federal law.

3. Generator's Name and Mailing Address

ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

5. Transporter 1 Company Name

M.P. VACUUM

6. US EPA ID Number

CAT000624247

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number

CAT000646117

A. State Manifest Document Number

88485575

B. State Generator's ID

HAH0260090917

C. State Transporter's ID

403700

D. Transporter's Phone (805) 393-1151

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

CAT000646117

H. Facility's Phone

(800) 222-2964

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers
No. Type

13. Total
Quantity

14. Unit
Wt/Vol

L
Waste No.

a. RO. HAZARDOUS WASTE SOLID, N.O.S. ORN-E
NA 9189 (U226/U228) (contaminated soil)

01011 DIT 0101145

State
611/781

EPA/Other
U226/U228

b. State
EPA/Other

c. State
EPA/Other

d. State
EPA/Other

J. Additional Descriptions for Materials Listed Above

PROFILE LAX H 68176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a. 03

b. c. d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

11/20/18

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

11/20/18

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

STEVE BRADEN

Signature

Steve Braden

Month Day Year

11/20/18

88485575
IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

Instructions on the back

UNIFORM HAZARDOUS
WASTE MANIFEST

Generator's US EPA ID No.

Manifest
Document No.

2. Page 1
of

Information in the shaded areas
is not required by Federal law.

3. Generator's Name and Mailing Address

ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone

818 765-1010

5. Transporter 1 Company Name

DISPOSAL CONTACT

6. US EPA ID Number

104708003411814

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number

104708003411814

A. State Manifest Document Number

88485574

B. State Generator's ID

C. State Transporter's ID

D. Transporter's Phone

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

H. Facility's Phone

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers

No. Type

13. Total Quantity

14. Unit Wt/Vol

15. Waste No.

a. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (U226/U228) (contaminated soil)

001 DIT 0101 214 T

State

EPA/ORM-E

State

EPA/Other

State

EPA/Other

State

EPA/Other

J. Additional Descriptions for Materials Listed Above

PROFILE LAX N 65176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a.

03

b.

c.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16.

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

11/20/81

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Joe Games

Signature

Joe Games

Month Day Year

11/20/81

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

Printed/Typed Name

Steve Bauer

Signature

Steve Bauer

Month Day Year

12/22/81

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

88485574

Instructions on the back

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30

4017-17

Instructions on the Back

88485572

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

UNIFORM HAZARDOUS WASTE MANIFEST		Generator's US EPA ID No.		Manifest Document No.		2. Page 1 of _____		Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION 11600 SHERMAN WAY, N. HOLLYWOOD, CA 91608 4. Generator's Phone (818) 765-1010						A. State Manifest Document Number 88485572			
5. Transporter 1 Company Name M.P. VACUUM						B. State Generator's ID NAN0360000097			
6. US EPA ID Number CA7000624247						C. State Transporter's ID 983667			
7. Transporter 2 Company Name						D. Transporter's Phone 805-393-1151			
8. US EPA ID Number						E. State Transporter's ID			
9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT 36251 OLD SKYLINE DRIVE KETTLEMAN CITY, CA 93239						F. Transporter's Phone			
10. US EPA ID Number CAT000646117						G. State Facility's ID CAT000646117			
						H. Facility's Phone (800) 222-2064			
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers	13. Total Quantity	14. Unit Wt/Vol	15. Waste No.
						No.	Type		State EPA/Other State EPA/Other
a. RQ,HAZARDOUS WASTE SOLID, H.O.S., ORM-E NA 9189 (U226/U228) (contaminated soil)						0101	DIT	0101215	T 611/781 U226/U228
b.									State EPA/Other
c.									State EPA/Other
d.									State EPA/Other
J. Additional Descriptions for Materials Listed Above PROFILE LAX N 65176 CONTAMINATED SOIL FROM SITE REMEDIATION						K. Handling Codes for Wastes Listed Above a. 03 b. c. d.			
15. Special Handling Instructions and Additional Information WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT									
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.									
Printed/Typed Name ROBIN OSEAS						Signature <i>[Signature]</i>		Month Day Year 11/13/08	
17. Transporter 1 Acknowledgement of Receipt of Materials						Printed/Typed Name Doby HAGAR		Signature <i>[Signature]</i>	
18. Transporter 2 Acknowledgement of Receipt of Materials						Printed/Typed Name		Signature	
19. Discrepancy Indication Space						Month Day Year		Month Day Year	
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.									
Printed/Typed Name STEVE BROWN						Signature <i>[Signature]</i>		Month Day Year 11/17/08	

4604-1

Please print or type. (Form designed for use on (12-pitch typewriter).

Instructions on the Back

UNIFORM HAZARDOUS
WASTE MANIFEST

1. Generator's US EPA ID No.

CAD008325334

Manifest
Document No.

2. Page 1

of 1

Information in the shaded areas
is not required by Federal law.

3. Generator's Name and Mailing Address

ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91606

4. Generator's Phone (818 765-1010

5. Transporter 1 Company Name

M.P. VACUUM

6. US EPA ID Number

CAT000624247

7. Transporter 2 Company Name

6. US EPA ID Number

9. Designated Facility Name and Site Address

CHEMICAL WASTE MANAGEMENT
35261 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number

CAT000646117

A. State Manifest Document Number

88485571

B. State Generator's ID

NAH036000007

C. State Transporter's ID

411659

D. Transporter's Phone

805-393-1151

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

CAT000646117

H. Facility's Phone

(800) 222-7964

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

a. RQ,HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (U226/U228) (contaminated soil)

12. Containers
No. Type

0,0,1 D,T

13. Total
Quantity

0,0,25.5 T

14. Unit
Wt/Vol

T

L. Waste No.

State 611/751

EPA/Other U226/U228

J. Additional Descriptions for Materials Listed Above

PROFILE LAX # 60376

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a. 03

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16.

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

11/13/08

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

W. MCKENZIE

Signature

W. McKenzie

Month Day Year

11/13/08

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

Printed/Typed Name

STAN BAKER PT

Signature

Stan Baker

Month Day Year

11/13/08

Instructions on the Back

UNIFORM HAZARDOUS
WASTE MANIFEST

1. Generator's US EPA ID No.

Manifest

2. Page 1

Information in the shaded areas
is not required by Federal law.

3. Generator's Name and Mailing Address

ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

5. Transporter 1 Company Name

M.P. VACUUM

6. US EPA ID Number

ICAT000624247

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number

ICAT000646117

A. State Manifest Document Number

88485568

B. State Generator's ID

NAH036000097

C. State Transporter's ID

903700

D. Transporter's Phone

804-393-1141

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

ICAT000646117

H. Facility's Phone

(800) 222-2964

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

a. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (U226/U228) (contaminated soil)

12. Containers

No. Type

0 0 1 D T

13. Total Quantity

0 0 0 2 1 5

14. Unit

Wt/Vol

T

1. Waste No.

State

611/751

EPA/Other

U226/U228

State

EPA/Other

State

EPA/Other

State

EPA/Other

State

EPA/Other

State

EPA/Other

J. Additional Descriptions for Materials Listed Above

PROFILE LAX N 65176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a. OB

c.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

11/13/08

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

11/13/08

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

11/13/08

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

Printed/Typed Name

Steve Pickell

Signature

Steve Pickell

Month Day Year

1/30/08

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

88485568

83998-01

Instructions on the Back

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

DHS 8022 A (1/88)
EPA 8700—22
(Rev. 9-86) Previous editions are obsolete.

Do Not Write Below This Line

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30

Please print or type. (Form designed for use on 12-pitch typewriter).

Instructions on the Back

**UNIFORM HAZARDOUS
WASTE MANIFEST**

1. Generator's US EPA ID No.

Manifest
Document No.

2. Page 1
of 1

Information in the shaded areas
is not required by Federal law.

3. Generator's Name and Mailing Address

**ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91606**

4. Generator's Phone (818) 765-1010

5. Transporter 1 Company Name

MP Vacuum

6. US EPA ID Number

CAIT0000624247

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

**CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239**

10. US EPA ID Number

CA7000646117

A. State Manifest Document Number

88485566

B. State Generator's ID

CA1012000000007

C. State Transporter's ID

91659

D. Transporter's Phone (805) 343-1151

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

CA7000646117

H. Facility's Phone (800) 222-2044

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

a. **RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (U226/U228) (contaminated soil)**

12. Containers
No. Type

0010T

13. Total
Quantity

0101215

14. Unit
Wt/Vol

T

L
Waste No.

State

611/751

EPA/OMB

U226/U228

State

EPA/Other

State

EPA/Other

State

EPA/Other

State

EPA/Other

State

EPA/Other

J. Additional Descriptions for Materials Listed Above

PROFILE LAX N 65176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a.

03

c.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

11/12/91

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

WC AKENZIE

Signature

WC Akenzie

Month Day Year

11/12/91

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

Printed/Typed Name

STEVE BARRON RT

Signature

Steve Barron

Month Day Year

11/12/91

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

GENERATOR

TRANSPORTER

FACILITY

Please print or type. (Form designed for use on 12-pitch typewriter).

Instructions on the Back

88485565

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

GENERATOR

TRANSPORTER

FACILITY

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. CA D 0 0 0 0 1 3 2 1 5 1 3 1 4		Manifest Document No. 1218	2. Page 1 of 1	Information in the shaded areas is not required by Federal law	
3. Generator's Name and Mailing Address ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION 11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605					A. State Manifest Document Number 88485565		
4. Generator's Phone (818) 765-1010					B. State Generator's ID NA H 0 1 3 1 5 1 3 1 4		
5. Transporter 1 Company Name M P VACUUM		6. US EPA ID Number CA T 0 0 0 6 2 4 2 4 7		C. State Transporter's ID 703604		D. Transporter's Phone 805-393-7151	
7. Transporter 2 Company Name		8. US EPA ID Number		E. State Transporter's ID		F. Transporter's Phone	
9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT 35251 OLD SKYLINE DRIVE KETTLEMAN CITY, CA 93239		10. US EPA ID Number CA T 0 0 0 6 4 6 1 1 7		G. State Facility's ID CA T 0 0 0 6 4 6 1 1 7		H. Facility's Phone (800) 222-2964	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)				12. Containers No. Type	13. Total Quantity	14. Unit Unit Wt/Vol	L Waste No.
a. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (U226/U228) (contaminated soil)				0 0 1 0 T	0 0 0 2 5	T	State 611/751 EPA/Other U226/U228
b.							State EPA/Other
c.							State EPA/Other
d.							State EPA/Other
J. Additional Descriptions for Materials Listed Above PROFILE LAX H 65176 CONTAMINATED SOIL FROM SITE REMEDIATION				K. Handling Codes for Wastes Listed Above a. 03 b. c. d.			
15. Special Handling Instructions and Additional Information WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT							
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.							
Printed/Typed Name ROBIN OSEAS				Signature <i>[Signature]</i>		Month Day Year 11/18/88	
17. Transporter 1 Acknowledgement of Receipt of Materials							
Printed/Typed Name AL WALKER				Signature <i>[Signature]</i>		Month Day Year 11/29/88	
18. Transporter 2 Acknowledgement of Receipt of Materials							
Printed/Typed Name				Signature		Month Day Year	
19. Discrepancy Indication Space							
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.							
Printed/Typed Name STARR				Signature <i>[Signature]</i>		Month Day Year 11/29/88	

23763-04

Please print or type. (Form designed for use on (12-pitch typewriter).

Instructions on the Back

UNIFORM HAZARDOUS
WASTE MANIFEST

1. Generator's US EPA ID No.

C A T O O 0 8 3 2 5 3 3 4

2. Page 1

Information in the shaded areas
is not required by Federal law.

3. Generator's Name and Mailing Address

ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818)

765-1010

A. State Manifest Document Number

88485563

B. State Generator's ID

N A N O 3 0 0 9 0 9 7

5. Transporter 1 Company Name

6. US EPA ID Number

C A T O 0 8 0 9 3 4 1 5 4

C. State Transporter's ID

707001

D. Transporter's Phone

719-777-2773

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address

CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number

C A T O O 0 6 4 6 1 1 7

G. State Facility's ID

C A T O O 0 6 4 6 1 1 7

H. Facility's Phone

(800) 222-2964

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers

No.

Type

13. Total Quantity

14. Unit Wt/Vol

L Waste No.

a. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189, (U226/U228) (contaminated soil)

0 0 1

Q T

0 0 0 2 4

T

State 611/751

EPA/Other U226/U228

b.

State

EPA/Other

c.

State

EPA/Other

d.

State

EPA/Other

J. Additional Descriptions for Materials Listed Above

PROFILE LAX H 68176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a.

b.

c.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16.

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

11/29/88

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Joe Gomez

Signature

Joe Gomez

Month Day Year

11/29/88

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

5) No entry

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

Steve Pickard

Signature

Steve Pickard

Month Day Year

11/14/88

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-6802; WITHIN CALIFORNIA CALL 1-800-852-7550

88485563

GENERATOR

TRANSPORTER

FACILITY

03903-17

Instructions on the Back

UNIFORM HAZARDOUS
WASTE MANIFEST

Generator's US EPA ID No.

Manifest
Document No.

2. Page 1
of 1

Information in the shaded areas
is not required by Federal law.

3. Generator's Name and Mailing Address

ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818)

765-1010

5. Transporter 1 Company Name

IMP VACUUM

6. US EPA ID Number

ICAT0000424247

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number

ICAT000046117

A. State Manifest Document Number

88485562

B. State Generator's ID

HAH030009097

C. State Transporter's ID

903667

D. Transporter's Phone

805-393-1151

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

CA1000046117

H. Facility's Phone

(800) 222-2964

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

a. RQ,HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (U226/U228) (contaminated soil)

12. Containers
No. Type

002 DT

13. Total
Quantity

00214.5

14. Unit
WT/Vol

T

L
Waste No.

State

611/781

EPA/Other

U226/U228

State

EPA/Other

State

EPA/Other

State

EPA/Other

State

EPA/Other

J. Additional Descriptions for Materials Listed Above

PROFILE LAX H 65176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a.

03

c.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16.

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Printed/Typed Name

ROBIN OSEAS

Signature

[Signature]

Month Day Year

11/12/89

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Roby H. OSEAS

Signature

[Signature]

Month Day Year

11/12/89

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

STANLEY ALLEN ET

Signature

[Signature]

Month Day Year

11/12/89

88485562
IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

GENERATOR

TRANSPORTER

FACILITY

83763-02

88485561

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

GENERATOR

TRANSPORTER

FACILITY

UNIFORM HAZARDOUS
WASTE MANIFEST

1. Generator's US EPA ID No.

CAD00832533400000

Manifest
Document No.

2. Page 1

of 1

Information in the shaded areas
is not required by Federal law

3. Generator's Name and Mailing Address

ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

5. Transporter 1 Company Name

DISPOSAL CONTROL

6

US EPA ID Number

CAT080034184

7. Transporter 2 Company Name

8

US EPA ID Number

9. Designated Facility Name and Site Address

CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10

US EPA ID Number

CAT000646117

A. State Manifest Document Number

88485561

B. State Generator's ID

NAHQ36809097

C. State Transporter's ID

707883

D. Transporter's Phone 714-877-3773

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

CAT000646117

H. Facility's Phone

(800) 222-2964

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers
No. Type

13. Total
Quantity

14. Unit
Wt/Vol

L
Waste No.

a. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (U226/U228) (contaminated soil)

0, 0, 1

D, T

0, 92, 4, 5

T

State
611/751
EPA/Other
U226/U228

b.

c.

d.

J. Additional Descriptions for Materials Listed Above

PROFILE LAX H 00178

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a. 03

c.

b.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

18.

GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

11/28/88

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

GARY HENSLEY

Signature

Gary Hensley

Month Day Year

11/28/88

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

Printed/Typed Name

STEVEN BRISAN

Signature

Steven Brisani

Month Day Year

11/28/88

Instructions on the Back

UNIFORM HAZARDOUS
WASTE MANIFEST

1. Generator's US EPA ID No.

Manifest
Document No.

2. Page 1
of 1

Information in the shaded areas
is not required by Federal law.

3. Generator's Name and Mailing Address

ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number

38485560

B. State Generator's ID

MAH038000007

C. State Transporter's ID

407001

D. Transporter's Phone 714-877-3774

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

CAT000646117

H. Facility's Phone

(800) 272-2064

9. Designated Facility Name and Site Address

CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number

CAT000646117

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers
No. Type

13. Total
Quantity

14. Unit
Wt./Vol

15. Waste No.

a. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (U226/U228) (contaminated soil)

001 DOT 0101 4 Lb T

State

611/781

EPA/Other

U226/U228

State

EPA/Other

State

EPA/Other

State

EPA/Other

State

EPA/Other

J. Additional Descriptions for Materials Listed Above

PROFILE LAX N 00176

CONTAMINATED SOIL DUE TO SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a. 03

b.

c.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16.

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Printed/Typed Name

ROBIN OSEAS

Signature

Month Day Year

11/12/88

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

11/13/88

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

11/13/88

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

Printed/Typed Name

Signature

Month Day Year

11/12/88

88485560
IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

Instructions on the back

UNIFORM HAZARDOUS
WASTE MANIFEST

1. Generator's US EPA ID No.

CAD0008325334

Manifest
Document No.

2. Page 1

of 1

Information in the shaded areas
is not required by Federal law.

3. Generator's Name and Mailing Address

ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number

88485559

B. State Generator's ID

HAN036009097

5. Transporter 1 Company Name

DISPOSAL CONTROL SERVICE

6. US EPA ID Number

CAT080034184

C. State Transporter's ID

910226

D. Transporter's Phone

714-877-3773

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number

CAT000646117

E. State Transporter's ID

CAT000646117

F. Transporter's Phone

(800) 222-2964

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

a. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (U226/U228) (contaminated soil)

12. Containers

No.

Type

13. Total Quantity

14. Unit Wt/Vol

15. Waste No.

0,01 D T 010925 T

State
611/751

EPA/Other
U226/U228

b.

c.

d.

J. Additional Descriptions for Materials Listed Above

PROFILE LAX H-00376

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a. 03

b.

c.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16.

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Don Wetzel

Signature

Don Wetzel

Month Day Year

1/12/88

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19

Printed/Typed Name

Steve Pickel

Signature

Steve Pickel 7/2/88

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

88485559

GENERATOR

TRANSPORTER

FACILITY

Instructions on Back

**UNIFORM HAZARDOUS
WASTE MANIFEST**

1. Generator's US EPA ID No.

C A D 0 0 8 3 2 5 3 3 4

Manifest
Document No.

2. Page 1
of 1

Information in the shaded areas
is not required by Federal law.

3. Generator's Name and Mailing Address

**ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605**

4. Generator's Phone (818) 765-1010

5. Transporter 1 Company Name

m P VACUME

6. US EPA ID Number

C A T 1 0 1 0 1 6 2 4 2 4 1 7

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

**CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239**

10. US EPA ID Number

C A T 1 0 1 0 1 6 4 6 1 1 1 7

A. State Manifest Document Number

38435558

B. State Generator's ID

H I A H 0 1 6 1 0 1 0 1 0 1 7 1

C. State Transporter's ID

9 1 1 6 5 9

D. Transporter's Phone (805) 383-1151

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

C A T 1 0 1 0 1 6 4 6 1 1 1 7

H. Facility's Phone

(800) 222-2964

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers
No. Type

13. Total
Quantity

14. Unit
Wt/Vol

15. Waste No.

a. **HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (U226/U228) (contaminated soil)**

0 0 1 D T

U 0 1 0 1 2 4

T

State
EPA/Other
811/781
U226/U228

b.

State
EPA/Other

c.

State
EPA/Other

d.

State
EPA/Other

J. Additional Descriptions for Materials Listed Above

PROFILE LOT # 00170

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a.

03

b.

c.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16.

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

11/12/88

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Doby HAGAR

Signature

Doby Hagar

Month Day Year

11/12/88

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

Printed/Typed Name

STEVE BURKE

Signature

Steve Burke

Month Day Year

11/23/88

88485558
IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

Instructions on the Back

**UNIFORM HAZARDOUS
WASTE MANIFEST**

1. Generator's US EPA ID No.

CA9998345334

Manifest
Document No.

2. Page 1

of 1

Information in the shaded areas
is not required by Federal law.

3. Generator's Name and Mailing Address

**ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91606**

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number

88485557

B. State Generator's ID

NAHQ3600 9097

5. Transporter 1 Company Name

M P VACCUMIE CO.

6.

US EPA ID Number

CAT000624247

C. State Transporter's ID

703680

D. Transporter's Phone 805-388-1151

7. Transporter 2 Company Name

8.

US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address

**CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239**

10.

US EPA ID Number

CAT000646117

G. State Facility's ID

CAT0101016161117

H. Facility's Phone

(800) 222-2984

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

a. **RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (U226/U228) (contaminated soil)**

12. Containers
No. Type

001 DT 23

13. Total
Quantity

14. Unit
Wt/Vol

L
Waste No.

State
611/751

EPA/Other
0226/U228

State

EPA/Other

State

EPA/Other

State

EPA/Other

State

EPA/Other

State

EPA/Other

J. Additional Descriptions for Materials Listed Above

PROFILE LAX H 65176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a. 03

b.

c.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16.

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

11/23/88

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

GROVER CHEFTWOOD

Signature

Grover Cheftwood

Month Day Year

11/23/88

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

Printed/Typed Name

STEVE BARRON

Signature

Steve Barron

Month Day Year

11/23/88

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RES. USE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

GENERATOR

TRANSPORTER

FACILITY

15747-22

Please print or type. (Form designed for use of 12-pitch typewriter).

Instructions on Back

**UNIFORM HAZARDOUS
WASTE MANIFEST**

1. Generator's US EPA ID No.

CA100008325334

Manifest
Document No.

2. Page 1
of 1

Information in the shaded areas
is not required by Federal law.

3. Generator's Name and Mailing Address

**ALLIED SIGNAL INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605**

4. Generator's Phone

(818) 765-1010

5. Transporter 1 Company Name

P. VACCUMIE

6. US EPA ID Number

CA100006212417

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

**CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239**

10. US EPA ID Number

CA10000646117

A. State Manifest Document Number

88485556

B. State Generator's ID

CA100008325334

C. State Transporter's ID

903607

D. Transporter's Phone

(805) 223-1151

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

CA10000646117

H. Facility's Phone

(800) 222-2984

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

**RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (U226/U228) (contaminated soil)**

12. Containers
No. Type

0 0 1 D T

13. Total
Quantity

14. Unit
Wt/Vol

15. Waste No.

State
611/751

EPA/Other
U226/U228

State
EPA/Other

State
EPA/Other

State
EPA/Other

State
EPA/Other

J. Additional Descriptions for Materials Listed Above

PROFILE LAX N 06173

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a. 03

c.

b.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16.

GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

11/15/88

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

AL WALKER

Signature

al walker

Month Day Year

11/12/88

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

Printed/Typed Name

STEVE BRISOLLE

Signature

Steve Brisolle

Month Day Year

1/15/88

Do Not Write Below This Line

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30

88485556
IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

'-pitch typewriter).

- 2. Page 1

Information in the shaded areas
is not required by Federal law.

UNIFORM HAZARDOUS WASTE MANIFEST		Generator's US EPA ID No. CAD0008325334		Manifest Document No. PD170		Page 1 of 1		Information in the shaded areas is not required by Federal law.					
3. Generator's Name and Mailing Address ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION 11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605						A. State Manifest Document Number 88485555							
4. Generator's Phone (818) 765-1010						B. State Generator's ID HAN0260010007							
5. Transporter 1 Company Name Advanced Control Services						C. State Transporter's ID 707001							
6. US EPA ID Number CAT000034184						D. Transporter's Phone 714-943-0542							
7. Transporter 2 Company Name						E. State Transporter's ID							
8. US EPA ID Number						F. Transporter's Phone							
9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT 35251 OLD SKYLINE DRIVE KETTLEMAN CITY, CA 93239						G. State Facility's ID CAT000646117							
10. US EPA ID Number CAT000646117						H. Facility's Phone (800) 222-2064							
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (U226/U228)						12. Containers No. Type 001 DT		13. Total Quantity 0.024		14. Unit Wt/Vol Y			
						15. State 011/751		EPA/Other U226/U228					
b.										State EPA/Other			
c.										State EPA/Other			
d.										State EPA/Other			
J. Additional Descriptions for Materials Listed Above PROFILE LAX H 60176 CONTAMINATED SOIL FROM SITE REMEDIATION						K. Handling Codes for Wastes Listed Above a. 03 b. c. d.							
15. Special Handling Instructions and Additional Information WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT													
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.													
Printed/Typed Name ROBIN OSEAS					Signature <i>[Signature]</i>			Month Day Year 11/27/88					
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name Joe Jones					Signature <i>[Signature]</i>			Month Day Year 11/27/88					
18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name					Signature			Month Day Year					
19. Discrepancy Indication Space													
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. Printed/Typed Name STEVE BRIDGES										Signature <i>[Signature]</i>		Month Day Year 11/23/88	

103 945-03

Instructions on the back

UNIFORM HAZARDOUS
WASTE MANIFEST

1. Generator's US EPA ID No.

Manifest
Document No.

2. Page 1
of

Information in the shaded areas
is not required by Federal law

3. Generator's Name and Mailing Address

ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

5. Transporter 1 Company Name

6. US EPA ID Number

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

10. US EPA ID Number

CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

CLAT 0000646117 (805) 222-2864

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers
No. Type

13. Total
Quantity

14. Unit
Wt/Vol

1. Waste No.

a. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (U226/U228) (contaminated soil)

0, 0, 1 D, T

1

T

State

EPA/Other

U226/U228

U226/U228

U226/U228

U226/U228

U226/U228

U226/U228

U226/U228

U226/U228

U226/U228

U226/U228

U226/U228

U226/U228

U226/U228

U226/U228

U226/U228

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U226/U228

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U226/U228

U226/U228

U226/U228

U226/U228

U226/U228

U226/U228

U226/U228

U226/U228

U226/U228

J. Additional Descriptions for Materials Listed Above

PROFILE LAX H 05176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a. 03

b.

c.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16.

GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

11/1/88

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Doby HAGAR

Signature

Doby Hagar

Month Day Year

11/1/88

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

[Signature]

Month Day Year

11/1/88

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

Printed/Typed Name

Steve [Signature]

Signature

Steve [Signature]

Month Day Year

11/1/88

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

GENERATOR

TRANSPORTER

FACILITY

**UNIFORM HAZARDOUS
WASTE MANIFEST**

1. Generator's US EPA ID No.

C A D 0 0 8 3 2 5 2 3 4

Manifest
Document No.

2. Page 1
of 1

Information in the shaded areas
is not required by Federal law.

3. Generator's Name and Mailing Address

**ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91608**

4. Generator's Phone (818 765-1010

5. Transporter 1 Company Name

6. US EPA ID Number

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

**CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239**

10. US EPA ID Number

C A T 0 0 0 6 4 6 1 1 7

A. State Manifest Document Number

88485553

B. State Generator's ID

H A H 0 3 6 0 0 0 0 9 7

C. State Transporter's ID

903680

D. Transporter's Phone

805 255-151

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

5 1 7 0 0 0 4 4 1 1 7

H. Facility's Phone

(900) 222-2984

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers
No. Type

13. Total
Quantity

14. Unit
Wt/Vol

L
Waste No.

a. **RQ, HAZARDOUS WASTE SOLID, H.O.S., ORN-E
NA 9189 (U226/U228) (contaminated soil)**

0 0 1 0 T

0 0 0 0 0 0 0 0 0 0

T

State
611/701
EPA/Other
U226/U228

b.

c.

d.

J. Additional Descriptions for Materials Listed Above

PROFILE LAX H 08176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a. **03**

b.

c.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16.

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

11/1/98

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

GRIVER CHEFTWOOD

Signature

Griver Cheftwood

Month Day Year

11/2/98

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

Printed/Typed Name

Steve P. K...

Signature

Steve P. K...

Month Day Year

11/2/98

88485553
IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

GENERATOR

TRANSPORTER

FACILITY

Please print or type. (Form designed for use on a 12-pitch typewriter).

Instructions on the back

**UNIFORM HAZARDOUS
WASTE MANIFEST**

1. Generator's US EPA ID No.

Manifest
Document No.

2. Page 1
of

Information in the shaded areas
is not required by Federal law.

3. Generator's Name and Mailing Address

**ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605**

4. Generator's Phone (818) 765-1010

5. Transporter 1 Company Name

6. US EPA ID Number

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

10. US EPA ID Number

**CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239**

ICAT00006461117

A. State Manifest Document Number

88485552

B. State Generator's ID

C. State Transporter's ID

D. Transporter's Phone

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

H. Facility's Phone

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers
No. Type

13. Total
Quantity

14. Unit
Wt./Vol

15. Waste No.

a. **RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (U226/U228) (contaminated soil)**

0101 DIT

101215

T

State

EPA/Other

State

EPA/Other

State

EPA/Other

State

EPA/Other

State

EPA/Other

State

EPA/Other

J. Additional Descriptions for Materials Listed Above

PROFILE LAX N 65176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a. **03**

b.

c.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16.

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

11/12/84

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

11/12/84

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

11/12/84

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

Printed/Typed Name

Steve Pickard

Signature

Steve Pickard

Month Day Year

11/12/84

Instructions on the back

88485551

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802. WITHIN CALIFORNIA CALL 1-800-852-7550

GENERATOR

TRANSPORTER

FACILITY

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. CA D 0 0 8 3 2 5 3 3 4	Manifest Document No. 002112	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION 11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605				A. State Manifest Document Number 88485551	
4. Generator's Phone (818) 765-1010				B. State Generator's ID NAH034000047	
5. Transporter 1 Company Name <i>Disposal Control</i>		6. US EPA ID Number <i>CA T 0 0 0 6 4 6 1 1 7</i>		C. State Transporter's ID <i>002063</i>	
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone <i>800-577-3773</i>	
9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT 35251 OLD SKYLINE DRIVE KETTLEMAN CITY, CA 93239		10. US EPA ID Number CA T 0 0 0 6 4 6 1 1 7		E. State Transporter's ID	
				F. Transporter's Phone	
				G. State Facility's ID CA T 0 0 0 6 4 6 1 1 7	
				H. Facility's Phone (800) 222-2964	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No. Type	13. Total Quantity	14. Unit Wt/Vol	L Waste No.
a. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (U226/U228) (contaminated soil)		0 0 1 D T	01021415	T	State 611/751 EPA/Other U226/U228
b.					State EPA/Other
c.					State EPA/Other
d.					State EPA/Other
J. Additional Descriptions for Materials Listed Above PROFILE LAX H 65176 CONTAMINATED SOIL FROM SITE REMEDIATION				K. Handling Codes for Wastes Listed Above a. 03 b. c. d.	
15. Special Handling Instructions and Additional Information WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.					
Printed/Typed Name ROBIN OSEAS		Signature <i>Robin Oseas</i>		Month Day Yr 1/1/2014	
17. Transporter 1 Acknowledgement of Receipt of Materials		Printed/Typed Name ROBERT J. RICH		Signature <i>Robert J. Rich</i>	
		Month Day Yr 1/1/2014			
18. Transporter 2 Acknowledgement of Receipt of Materials		Printed/Typed Name		Signature	
		Month Day Yr			
19. Discrepancy Indication Space					
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.					
Printed/Typed Name Steve Rickell		Signature <i>Steve Rickell</i>		Month Day Yr 1/1/2014	

Instructions on the back

UNIFORM HAZARDOUS
WASTE MANIFEST

1. Generator's US EPA ID No.

Manifest
Document No.

2. Page 1

Information in the shaded areas
is not required by Federal law.

3. Generator's Name and Mailing Address

ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone

818 765-1010

5. Transporter 1 Company Name

6. US EPA ID Number

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

10. US EPA ID Number

CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

CAT0000646117

A. State Manifest Document Number

88485550

B. State Generator's ID

C. State Transporter's ID

D. Transporter's Phone

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

H. Facility's Phone

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers

No.

Type

13. Total
Quantity

14. Unit
Wt/Vol

L
Waste No.

a. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (U226/U228) (contaminated soil)

001

DIT

12

T

State

611/751

EPA/Other

U226/U228

State

EPA/Other

EPA/Other

EPA/Other

EPA/Other

EPA/Other

EPA/Other

EPA/Other

EPA/Other

EPA/Other

EPA/Other

EPA/Other

EPA/Other

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EPA/Other

EPA/Other

EPA/Other

EPA/Other

EPA/Other

EPA/Other

EPA/Other

EPA/Other

EPA/Other

J. Additional Descriptions for Materials Listed Above

PROFILE LAX N 85176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a.

b.

c.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16.

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

1/1/2018

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Joe Gomez

Signature

Joe Gomez

Month Day Year

1/1/2018

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

Printed/Typed Name

Steve Rickard

Signature

Steve Rickard

Month Day Year

1/1/2018

88485550

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

Please print or type (Form designed for use on 12-pitch typewriter).

Instructions on the back

**UNIFORM HAZARDOUS
WASTE MANIFEST**

1. Generator's US EPA ID No.

Manifest
Document No.

2. Page 1
of 1

Information in the shaded areas
is not required by Federal law.

3. Generator's Name and Mailing Address

**ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605**

4. Generator's Phone (818) 766-1010

A. State Manifest Document Number
88485549

B. State Generator's ID

HA000360090071

5. Transporter 1 Company Name

6. US EPA ID Number

C. State Transporter's ID

911226

7. Transporter 2 Company Name

8. US EPA ID Number

D. Transporter's Phone

800-822-3223

9. Designated Facility Name and Site Address

**CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239**

10. US EPA ID Number

E. State Facility's ID

CA10006461117

F. Facility's Phone

(800)222-2264

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers
No. Type

13. Total
Quantity

14. Unit
Wt/Vol

1. Waste No.

a. **RQ,HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (U226/U228) (contaminated soil)**

0 0 1 D T

00101215

T

State
611/751
EPA/Other
U226/U228

b.

c.

d.

J. Additional Descriptions for Materials Listed Above

PROFILE LAX N 05176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a. **03**

b.

c.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16.

GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

11/11/12

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Don Wetzel

Signature

Don Wetzel

Month Day Year

11/12/12

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

Steve Parker

Signature

Steve Parker

Month Day Year

11/22/12

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

88485549

Instructions on the back

**UNIFORM HAZARDOUS
WASTE MANIFEST**

1. Generator's US EPA ID No.

Manifest
Document No.

2. Page 1
of

Information in the shaded areas
is not required by Federal law.

3. Generator's Name and Mailing Address

**ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605**

4. Generator's Phone

818 765-1010

5. Transporter 1 Company Name

ALLIANCE TRANSPORT

6. US EPA ID Number

K1171616161241240

8. US EPA ID Number

9. Designated Facility Name and Site Address

**CHEMICAL WASTE MANAGEMENT
36251 OLD SKYLINE DRIVE
KETITLEMAN CITY, CA 93239**

10. US EPA ID Number

IC1A10101614161117

A. State Manifest Document Number

38485548

B. State Generator's ID

NAH028093037

D. Transporter's Phone

793-1151

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

CA1000645117

(800) 922-2964

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers
No. Type

13. Total
Quantity

14. Unit
Wt/Vol

L. Waste No.

a. **RQ,HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (U226/U228) (contaminated soil)**

01012 DIT

1000125

T

State
811/781

EPA/Other
U226/U228

State

EPA/Other

State

EPA/Other

State

EPA/Other

J. Additional Descriptions for Materials Listed Above

PROFILE LAX N 45176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a. **03**

c.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16.

GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

1/12/1988

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Don Meach

Signature

Don Meach

Month Day Year

1/12/1988

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

Printed/Typed Name

Steve Pickens

Signature

Steve Pickens

Month Day Year

1/12/1988

88485548

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

GENERATOR

TRANSPORTER

FACILITY

0 Assistant 2

5418-0000-1 (1/88)

Instructions on the back

UNIFORM HAZARDOUS
WASTE MANIFEST

1. Generator's US EPA ID No.

Manifest
Document No.

2. Page 1
of

Information in the shaded areas
is not required by Federal law.

3. Generator's Name and Mailing Address

ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

5. Transporter 1 Company Name

6. US EPA ID Number

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

10. US EPA ID Number

CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers

13. Total
Quantity

14. Unit
Wt/Vol

15. Waste No.

a. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (U226/U228) (contaminated soil)

No.

Type

Quantity

Unit
Wt/Vol

State

EPA/Other

State

EPA/Other

State

EPA/Other

State

EPA/Other

J. Additional Descriptions for Materials Listed Above

PROFILE LAX N 66176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a.

b.

c.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16.

GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

1/1/1988

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

1/1/1988

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

1/1/1988

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

Printed/Typed Name

Steve Pichard

Signature

Steve Pichard

Month Day Year

1/1/1988

88485546
IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

Instructions on the back

UNIFORM HAZARDOUS
WASTE MANIFEST

1. Generator's US EPA ID No

Manifest
Document No.

2. Page 1

Information in the shaded areas
is not required by Federal law.

3. Generator's Name and Mailing Address

ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number

88485545

B. State Generator's ID

NAHQ06000007

5. Transporter 1 Company Name

6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address

CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number

G. State Facility's ID

CA1000040117

H. Facility's Phone

(800) 222-2964

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers
No. Type

13. Total
Quantity

14. Unit
Wt/Vol

15. Waste No.

a. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (U226/U228) (contaminated soil)

0101 DIT

1021415

T

State

611/781

EPA/Other

U226/U228

b.

c.

d.

J. Additional Descriptions for Materials Listed Above

PROFILE LAX N 65176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a.

03

c.

d.

16. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

18.

GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable International and national government regulations.

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

12/14/88

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Eric H. Hester

Signature

Eric H. Hester

Month Day Year

11/14/88

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

Printed/Typed Name

Steve P. P. P.

Signature

Steve P. P. P.

Month Day Year

12/14/88

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL FIRE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

GENERATOR

TRANSPORTER

FACILITY

Instructions on the back

UNIFORM HAZARDOUS
WASTE MANIFEST

Generator's US EPA ID No.

Manifest
Document No.

2. Page 1
of 1

Information in the shaded areas
is not required by Federal law.

3. Generator's Name and Mailing Address

ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (

818 765-1010

5. Transporter 1 Company Name

6. US EPA ID Number

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number

A. State Manifest Document Number

88485544

B. State Generator's ID

MAN030000097

C. State Transporter's ID

910226

D. Transporter's Phone

800-877-3228

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

007000040117

H. Facility's Phone

(800)222-2964

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers
No. Type

13. Total
Quantity

14. Unit
Wt/Vol

1. Waste No.

a. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA9189(U226/U228) (contaminated soil)

001 DT 12/15 Y

State

611/751

EPA/Other

U226/U228

EPA/Other

State

EPA/Other

State

EPA/Other

J. Additional Descriptions for Materials Listed Above

PROFILE LAX N 65176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a. 03

b.

c.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16.

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

1/12/1988

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Don Wetzel

Signature

Don Wetzel

Month Day Year

1/12/1988

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

Printed/Typed Name

Steve Pickel

Signature

St Pickel

Month Day Year

1/12/88

00400044
E CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL HAZARDOUS WASTE RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

GENERATOR
TRANSPORTER
FACILITY

Please print or type. (Form designed for use on 12-pitch typewriter).

Instructions on the Back

**UNIFORM HAZARDOUS
 WASTE MANIFEST**

1. Generator's US EPA ID No.

C A D 0 0 8 3 2 5 3 3 4

Manifest
 Document No.

2. Page 1
 of 1

Information in the shaded areas
 is not required by Federal law

3. Generator's Name and Mailing Address

**ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
 11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605**

4. Generator's Phone

818 765-1010

5. Transporter 1 Company Name

6. US EPA ID Number

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

**CHEMICAL WASTE MANAGEMENT
 35261 OLD SKYLINE DRIVE
 KETTLEMAN CITY, CA 93239**

10. US EPA ID Number

C A T 0 0 0 6 4 6 1 1 7

A. State Manifest Document Number
 88485543

B. State Generator's ID

C. State Transporter's ID

D. Transporter's Phone

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

C A T 0 0 0 6 4 6 1 1 7

H. Facility's Phone
 (800) 222-2964

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

**RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
 NA 9189 (U226/U228) (contaminated soil)**

12. Containers
 No. Type

0 0 1 D T 0 1 0 1 2 1 4

13. Total
 Quantity

14. Unit
 Wt/Vol

15. Waste No.

State

EPA/Other

State

EPA/Other

State

EPA/Other

State

EPA/Other

State

EPA/Other

State

EPA/Other

State

EPA/Other

State

EPA/Other

J. Additional Descriptions for Materials Listed Above

PROFILE LAX H 45176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a. 03

b.

c.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

11/12/1988

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Joe Gomes

Signature

Joe Gomes

Month Day Year

11/15/1988

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

11/15/1988

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

Printed/Typed Name

Steve [illegible]

Signature

[illegible]

Month Day Year

11/15/1988

Do Not Write Below This Line

88485543

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8602; WITHIN CALIFORNIA CALL 1-800-852-7550

GENERATOR

TRANSPORTER

FACILITY

Instructions on the back

UNIFORM HAZARDOUS
WASTE MANIFEST

Generator's US EPA ID No.

Manifest
Document No.

2. Page 1

Information in the shaded areas
is not required by Federal law.

3. Generator's Name and Mailing Address

ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone

818 765-1010

5. Transporter 1 Company Name

6. US EPA ID Number

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number

A. State Manifest Document Number

88485542

B. State Generator's ID

C. State Transporter's ID

D. Transporter's Phone

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

H. Facility's Phone

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers

No.

Type

13. Total
Quantity

14. Unit
Wt/Vol

1. Waste No.

a. RQ, HAZARDOUS WASTE SOLID, H.O.S., ORM-E
NA 9189 (U226/U228) (contaminated soil)

001

D

T

1000

T

State
811/761

EPA/Other
U226/U228

J. Additional Descriptions for Materials Listed Above

PROFILE LAX N 00176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a.

03

b.

c.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16.

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

11/11/1988

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Don Wotzel

Signature

Don Wotzel

Month Day Year

11/11/1988

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

STEVE BREEN

Signature

Steve Breen

Month Day Year

11/11/1988

Do Not Write Below This Line

Instructions on Back

88485541

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

GENERATOR

TRANSPORTER

FACILITY

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. C A D 0 0 8 3 2 5 3 3 4		Manifest Document No. 23102		2. Page 1 of 1		Information in the shaded areas is not required by Federal law	
3. Generator's Name and Mailing Address ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION 11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605						A. State Manifest Document Number 88485541			
4. Generator's Phone (818 765-1010)						B. State Generator's ID HA 036009097			
5. Transporter 1 Company Name <i>Robert C. ...</i>						C. State Transporter's ID 90720			
6. US EPA ID Number <i>KATKED123456789</i>						D. Transporter's Phone 800-777-3773			
7. Transporter 2 Company Name						E. State Transporter's ID			
8. US EPA ID Number						F. Transporter's Phone			
9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT 35251 OLD SKYLINE DRIVE KETTLEMAN CITY, CA 93239						G. State Facility's ID CAT 0000546117			
10. US EPA ID Number C A T 0 0 0 6 4 6 1 1 7						H. Facility's Phone (800) 222-2954			
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)				12. Containers	13. Total Quantity	14. Unit Wt/Vol	15. Waste No.		
a. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (U226/U228) (contaminated soil)				No. 001	Type DT	QUANTITY	T	State 611/751 EPA/Other U226/U228	
b.								State EPA/Other	
c.								State EPA/Other	
d.								State EPA/Other	
J. Additional Descriptions for Materials Listed Above PROFILE LAX H 05175 CONTAMINATED SOIL FROM SITE REMEDIATION						K. Handling Codes for Wastes Listed Above a. 03 b. c. d.			
15. Special Handling Instructions and Additional Information WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT									
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.									
Printed/Typed Name ROBIN OSEAS				Signature <i>Robin Oseas</i>		Month Day Year 1/1/88			
17. Transporter 1 Acknowledgement of Receipt of Materials				Printed/Typed Name GARY HENSLEY		Signature <i>Gary Hensley</i>		Month Day Year 1/1/88	
18. Transporter 2 Acknowledgement of Receipt of Materials				Printed/Typed Name		Signature		Month Day Year	
19. Discrepancy Indication Space									
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.									
Printed/Typed Name Steve Pickel				Signature <i>Steve Pickel</i>		Month Day Year 1/1/88			

Please print or type. (Form designed for use on all 12 pitch typewriter).

Instructions on the back

UNIFORM HAZARDOUS WASTE MANIFEST

Generator's US EPA ID No.

Manifest Document No.

2. Page 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address

**ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91606**

4. Generator's Phone

818-765-1010

5. Transporter 1 Company Name

6. US EPA ID Number

ICAT 0101010101010101

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

10. US EPA ID Number

**CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTERMAN CITY, CA 93239**

ICAT 0101010101010101

A. State Manifest Document Number

38485540

B. State Generator's ID

0101010101010101

C. State Transporter's ID

0101010101010101

D. State Facility's ID

0101010101010101

E. State Transporter's ID

0101010101010101

F. State Facility's ID

0101010101010101

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers

No. Type

13. Total Quantity

Unit

14. Waste No.

Wt/Vol

**a. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (U226/U228) (contaminated soil)**

0, 0, 1 D T

101.1214

State 611/751

EPA/Other U226/U228

b.

c.

d.

J. Additional Descriptions for Materials Listed Above

PROFILE LAX H 05176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

03

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16.

GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

11/11/1988

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Joe Thomas

Signature

Joe Thomas

Month Day Year

11/11/1988

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

Printed/Typed Name

Steve Pickard

Signature

Steve Pickard

Month Day Year

11/18/1988

Do Not Write Below This Line

Yellow: TSDf SENDS THIS COPY TO GENERATOR WITHIN 30

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

88485540

88485540

Please print or type. (Form designed for use on 12-pitch typewriter).

Instructions on the back

UNIFORM HAZARDOUS
WASTE MANIFEST

1. Generator's US EPA ID No.

C A D 0 0 8 3 2 6 3 2 4

Manifest Document No.

09200

2. Page 1

Information in the shaded areas
is not required by Federal law.

3. Generator's Name and Mailing Address

ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91606

4. Generator's Phone (818) 765-1010

A. State Manifest Document Number

88485539

B. State Generator's ID

H A M 1 3 6 0 1 9 0 1 7 1

5. Transporter 1 Company Name

6. US EPA ID Number

1961 Summit Road, Inc. C A T 0 0 0 6 4 6 1 1 7

C. State Transporter's ID

711651

D. Transporter's Phone

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address

CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number

C A T 0 0 0 6 4 6 1 1 7

G. State Facility's ID

C A T 0 0 0 6 4 6 1 1 7 1

H. Facility's Phone

(800) 222-2966

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers
No. Type

13. Total
Quantity

14. Unit
Wt/Vol

15. Waste No.

a. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (U226/U228) (contaminated soil)

9 9 1 9 T

400K/1215

T

State
611/782

EPA/Other
U226/U228

b.

c.

d.

J. Additional Descriptions for Materials Listed Above

PROFILE LAX N 85176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

03

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16.

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

1/1/88

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

CHUCK CRUZAN

Signature

Chuck Cruzan

Month Day Year

1/1/88

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

Steve Pickel

Signature

Steve Pickel

Month Day Year

1/1/88

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

88485539

GENERATOR

TRANSPORTER

FACILITY

Please print or type. (Form designed for use on a 2-pitch typewriter).

Instructions on the back

UNIFORM HAZARDOUS
WASTE MANIFEST

Generator's US EPA ID No.

Manifest
Document No.

2. Page 1
of

Information in the shaded areas
is not required by Federal law.

3. Generator's Name and Mailing Address

ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone

818 765-1010

6. US EPA ID Number

8. US EPA ID Number

7. Transporter 2 Company Name

10. US EPA ID Number

9. Designated Facility Name and Site Address

CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

ICAT 0101016161117

A. State Manifest Document Number

88485538

B. State Generator's ID

C. State Transporter's ID

D. Transporter's Phone

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

H. Facility's Phone

(800) 222-2964

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers

No. Type

13. Total Quantity

14. Unit

Wt/Vol

15. Waste No.

a. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (U226/U228) (contaminated soil)

01011 DIT 16161212 T

State

611/761

EPA/Other

U226/U228

State

EPA/Other

State

EPA/Other

State

EPA/Other

State

EPA/Other

State

EPA/Other

J. Additional Descriptions for Materials Listed Above

PROFILE LAX N 08176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a. 03

c.

b.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16.

GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable International and national government regulations.

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

11/1/1318

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

William R. Chapman

Signature

William R. Chapman

Month Day Year

11/1/1318

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

Steve Pickens

Signature

Steve Pickens

Month Day Year

11/1/1888

88485538
IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

Instructions on the Back

UNIFORM HAZARDOUS
WASTE MANIFEST

1. Generator's US EPA ID No.

Manifest
Document No.

2. Page 1

Information in the shaded areas
is not required by Federal law.

3. Generator's Name and Mailing Address

ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone

818 755-1010

A. State Manifest Document Number

88485538

B. State Generator's ID

HAH026099097

C. State Transporter's ID

903651

D. Transporter's Phone

805-797-1157

E. State Transporter's ID

F. Transporter's Phone

5. Transporter 1 Company Name

6.

US EPA ID Number

7. Transporter 2 Company Name

8.

US EPA ID Number

9. Designated Facility Name and Site Address

CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10.

US EPA ID Number

G. State Facility's ID

CAT0000646117

H. Facility's Phone

(909) 222-2964

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers

13. Total Quantity

14. Unit

15. Waste No.

a. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (U226/U228) (contaminated soil)

01011 DIT

121513

T

State
611/751

EPA/Other
U226/U228

J. Additional Descriptions for Materials Listed Above

PROFILE LAX H-88176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a. 03

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16.

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

1/1/88

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

W. McKEENZIE

Signature

W. McKenzie

Month Day Year

1/1/1888

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

Steve Pickard

Signature

Steve Pickard

Month Day Year

1/1/1888

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL HESP. CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

GENERATOR

TRANSPORTER

FACILITY

123850-11

Please print or type. (Form designed for use on 12-pitch typewriter).

Instructions on the Back

**UNIFORM HAZARDOUS
 WASTE MANIFEST**

1. Generator's US EPA ID No.
 C I A T 0 0 0 6 4 6 1 1 1 7

2. Page 1 of 1
 Information in the shaded areas is not required by Federal law

3. Generator's Name and Mailing Address
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

A. State Manifest Document Number
68485535

4. Generator's Phone (818) 765-1010

B. State Generator's ID
 C I A T 0 0 0 6 4 6 1 1 1 7

5. Transporter 1 Company Name
 M P U... ..

6. US EPA ID Number
 C I A T 0 0 0 6 4 6 1 1 1 7

C. State Transporter's ID
 90879

7. Transporter 2 Company Name

8. US EPA ID Number

D. Transporter's Phone
 805 375-1151

9. Designated Facility Name and Site Address
CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

10. US EPA ID Number
 C I A T 0 0 0 6 4 6 1 1 1 7

E. State Facility's ID
 C I A T 0 0 0 6 4 6 1 1 1 7

H. Facility's Phone
 (800) 222-2964

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers
 No. Type

13. Total Quantity

14. Unit
 Wt/Vol

15. Waste No.

a. **RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E**
NA 9189 (U226/U228) (contaminated soil)

0 1 0 1 2 D I T 1021712 T

State
611/781
 EPA/Other
U226/U228

b.

State
 EPA/Other

c.

State
 EPA/Other

d.

State
 EPA/Other

J. Additional Descriptions for Materials Listed Above
PROFILE LAX H 00175
CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above
 a. **03**
 b.
 c.
 d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.
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Printed/Typed Name **ROBIN OSEAS** Signature *Robin Oseas* Month Day Year **11/1/88**

17. Transporter 1 Acknowledgement of Receipt of Materials
 Printed/Typed Name **Doby HAGAR** Signature *Doby Hagar* Month Day Year **11/1/88**

18. Transporter 2 Acknowledgement of Receipt of Materials
 Printed/Typed Name Signature Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
 Printed/Typed Name **Steve Pickell** Signature *Steve Pickell* Month Day Year **11/1/88**

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESP. CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

GENERATOR

TRANSPORTER

FACILITY

Print or type. (Form designed for use on 12-pitch typewriter).

Instructions on the back

**UNIFORM HAZARDOUS
WASTE MANIFEST**

1. Generator's US EPA ID No.

Manifest
Document No.

2. Page 1

Information in the shaded areas
is not required by Federal law.

3. Generator's Name and Mailing Address

**ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605**

4. Generator's Phone (818) 765-1010

5. Transporter 1 Company Name

7. Transporter 2 Company Name

6. US EPA ID Number

8. US EPA ID Number

9. Designated Facility Name and Site Address

**CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93230**

10. US EPA ID Number

A. State Manifest Document Number

88485530

B. State Generator's ID

C. State Transporter's ID

D. Transporter's Phone

E. State Transporter's ID

G. State Facility's ID

H. Facility's Phone

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers

No.

Type

13. Total

Quantity

Unit

Wt/Vol

14.

Waste No.

a. **RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (U226/U228) (contaminated soil)**

b.

c.

d.

e.

f.

g.

h.

i.

j.

J. Additional Descriptions for Materials Listed Above

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a.

b.

c.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16.

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

11/1/78

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

FRANK BISHOP

Signature

Frank Bishop

Month Day Year

11/1/78

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

RICK A. SENIFF

Signature

Rick A. Seniff

Month Day Year

11/1/88

Do Not Write Below This Line

Yellow: TSDf SENDS THIS COPY TO GENERATOR WITHIN 30

88485530
IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

Instructions on the back

UNIFORM HAZARDOUS
WASTE MANIFEST

Generator's US EPA ID No.

Manifest
Document No.

2. Page 1
of

Information in the shaded areas
is not required by Federal law.

3. Generator's Name and Mailing Address

ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

5. Transporter 1 Company Name

6. US EPA ID Number

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

10. US EPA ID Number

CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers
No. Type

13. Total
Quantity

14. Unit
Wt/Vol

1. Waste No.

a. RO, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (U226/U228) (contaminated soil)

9 0 1 D T

U226/U228

State

CA 11761

EPA/Other

U226/U228

EPA/Other

State

EPA/Other

State

EPA/Other

State

EPA/Other

J. Additional Descriptions for Materials Listed Above

PROFILE LAX H 65176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a. 05

c.

b. d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16.

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Printed/Typed Name

ROBIN OREAS

Signature

Robin Oreas

Month Day Year

12/11/2012

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Carol Hensler

Signature

Carol Hensler

Month Day Year

11/11/2012

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

Printed/Typed Name

STANLEY BRENN RT

Signature

Stanley Brenn

Month Day Year

11/11/2012

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

88485534

GENERATOR

TRANSPORTER

FACILITY

Instructions on the back

UNIFORM HAZARDOUS
WASTE MANIFEST

Generator's US EPA ID No.

Manifest
Document No.

2. Page 1
of 1

Information in the shaded areas
is not required by Federal law.

3. Generator's Name and Mailing Address

ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone (818) 765-1010

5. Transporter 1 Company Name

6. US EPA ID Number

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

10. US EPA ID Number

CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 93239

E A T 0 0 0 6 4 6 1 1 7

A. State Manifest Document Number

88485533

B. State Generator's ID

NAH0360000007

C. State Transporter's ID

902001

D. Transporter's Phone

800-377-3773

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

047000046117

H. Facility's Phone

(800) 222-2864

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers
No. Type

13. Total
Quantity

14. Unit
WT/Vol

1. Waste No.

a. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (U226/U228) (contaminated soil)

001 DT CK 23 1/2 T

State

611/751

EPA/Other

U226/U228

State

EPA/Other

U226/U228

State

EPA/Other

U226/U228

State

EPA/Other

U226/U228

State

EPA/Other

U226/U228

J. Additional Descriptions for Materials Listed Above

PROFILE LAX N-00176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a. 03

c.

d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16.

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Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

11/1/88

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

JEFF G. HERNANDEZ

Signature

Jeff Hernandez

Month Day Year

11/1/88

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

Printed/Typed Name

STEVE BURKE

Signature

Steve Burke

Month Day Year

11/1/88

88485533
IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

Instructions on the back

UNIFORM HAZARDOUS
WASTE MANIFEST

1. Generator's US EPA ID No.

Manifest
Document No.
0221313

2. Page 1
of

Information in the shaded areas
is not required by Federal law.

3. Generator's Name and Mailing Address

ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION
11500 SHERMAN WAY, N. HOLLYWOOD, CA 91605

4. Generator's Phone

818 765-1010

5. Transporter 1 Company Name

6. US EPA ID Number

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

10. US EPA ID Number

CHEMICAL WASTE MANAGEMENT
35251 OLD SKYLINE DRIVE
KETTLEMAN CITY, CA 92339

A. State Manifest Document Number

88485532

B. State Generator's ID

C. State Transporter's ID

D. Transporter's Phone

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

H. Facility's Phone

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers
No. Type

13. Total
Quantity

14. Unit
WT/Vol

15. Waste No.

a. RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E
NA 9189 (U226/U228) (contaminated soil)

0101 DIT 60161214 T

State
EPA/Other
U226/U228

b.

c.

d.

J. Additional Descriptions for Materials Listed Above

PROFILE LAX N 65176

CONTAMINATED SOIL FROM SITE REMEDIATION

K. Handling Codes for Wastes Listed Above

a. 03

c. d.

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

16.

GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name

ROBIN OSEAS

Signature

Robin Oseas

Month Day Year

11/1/1988

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Don Wetzel

Signature

Don Wetzel

Month Day Year

11/1/1988

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

Printed/Typed Name

RICK A. SENIFF

Signature

Rick A. Seniff

Month Day Year

11/1/1988

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8602; WITHIN CALIFORNIA CALL 1-800-852-7550

GENERATOR

TRANSPORTER

FACILITY

88485532